

Manitoba First Nations

Centre for Aboriginal Health Research

**Global Activities, Partnerships and
Resources for Global Indigenous Health
Research**

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Section I - Introduction

This resource document provides a comprehensive listing of organizations, research centers and other institutions that are engaged in Indigenous Health throughout the world.

Institutions and organizations were identified by using Internet search engines. Various keywords were entered in the search depending on what world region and country was being reviewed. For example, when searching for activities in India, the following keywords were utilized: 'health' 'research' 'tribal' 'adivasi' and 'scheduled tribes.' Likewise, to identify key articles in the field of Indigenous Health, the medical *Pub Med* database and *Google Scholar* were employed, limiting the search to articles published in the past six years.

This document aims to be a reference guide for researchers, Indigenous peoples, students, policy makers and anyone with an interest in the field. We hope that this guide is useful in establishing contacts, interaction and future partnerships.

- The document has been divided into six world regions: Africa, Arctic, Asia, South and Central America, Australia and New Zealand and North America. A review of international institutions and activities in this field has also been included.
- Within each world region, institutions and resources have been categorized based on whether they are **Academic/Research**-related, **Other** (i.e. Indigenous-based, non-governmental, private), or **Governmental**.
- Unless otherwise cited, the explanatory text relating to the objectives and activities of organizations is based from the websites that were scanned.
- Two appendices are found in this report: Appendix I includes lists of the websites of international organizations described in the text. When a website is not available in English, we have outlined this in between brackets. In addition, Appendix II includes abstracts or extracts of key documents that relate to Indigenous health.
- The aim is to provide a general overview of the goals and activities of each organization with the hope that readers, if interested in a particular institution, will access its website and conduct a more thorough search then. The majority of websites contain a "contact us" icon with specific information and e-mail addresses of individuals involved in particular entities.
- Some of the research centers or organizations that are explained in the text and are listed in Appendix I are not necessarily focused on Indigenous issues. Nonetheless, we incorporated them as potential future partners that may wish to get involved in Indigenous health research. Although more organizations are

listed in Appendix I than explained in the text, we invite interested readers to visit their websites to get more acquainted on their activities.

While this document is not exhaustive in identifying organizations and activities of Indigenous Health, we hope it serves as a useful first step in developing genuine and well-intentioned partnerships and interaction between persons concerned about the health and wellbeing of Indigenous Peoples around the world.

Section II - North America

2.1 Background

Canada and the United States will be discussed in this section. Mexico has been included with South and Central America due to language and other factors. Indigenous people in Canada include First Nations, Metis and Inuit. In 2001, this population numbered 1.3 million or 4.4% of the Canadian population. The United States Indigenous population includes many tribes that are often collectively referred to as American Indian/Alaska Native. In 2000 the American census reported 4.1 million (1.5 %) in the United States as having an ethnicity as partly or entirely American Indian or Alaska Native. Furthermore, of this total 2.5 million (0.9%) reported their race as *solely* American Indian or Alaska Native.

Historical relationship between European settlers and the original peoples differed in Canada and the United States. Early in its history the Canadian Crown developed treaty relationships with the original peoples (Indians or currently referred to as First Nations). The Métis Nation with their own unique culture, traditions, language (Michif), way of life and collective consciousness evolved out of initial relations between Indian women and European men on lands of west-central North America. Information on the Inuit population in Canada is contained in the Arctic section. Many of the Indigenous peoples in the United States and Canada were displaced from their traditional lands as the Europeans pursued development for their own populations.

2.2 Health Conditions

Health status difference between Indigenous populations and the general populations in Canada and the United States have been well documented.^{1,2} Most Indigenous peoples suffer higher morbidity and mortality, lower educational attainment, higher unemployment, and increased levels of poverty.³

Both Canada and the United States have begun to improve efforts in addressing research and epidemiological monitoring capacities as this relates to Indigenous populations. Canada has created the Institute of Aboriginal Peoples Health, one of Canada's 13 Institutes on Health Research.⁴ The United States has developed Native

American Epi-Centres and Native American Research Centre of Health. Additionally, a number of academic related centres have been developed over the last several decades. Web links for all entities noted below are included at the end of the document.

2.3 Academic Research

Canada

CIHR-IAPH Funded Aboriginal Capacity and Developmental Research Environments (ACADRE) has focused significant resources on capacity development through the ACADRE program intended to enhance university-based health research, including efforts to increase the number of Aboriginal health researchers and others interested in Aboriginal health research. ACADRE sites are bulleted below.

- The **Alberta ACADRE Network (Edmonton)** research has evolved in a responsive manner through collaborative community partnerships and research requests. Three research themes have evolved from community requests that will guide and enhance the work of the Alberta Network over the next three years: traditional knowledge and ethics; northern community environmental health; and community access to health services. Contact: (780) 492-1827.
- The **Anisnawbe Kekendazone** (Ottawa) health research priorities are: perinatal health; youth at risk and resilience; and knowledge translation, i.e., communicating health research knowledge to aboriginal communities in a way that is readily understood. Contact information: (613) 241-2081.
- The **Atlantic Aboriginal Health Research Program (AAHRP)** provides a supportive environment and resources to encourage students to pursue careers in Aboriginal health research. Financial support is available for internships for undergraduate students, Master's and PhD level study, and for post-doctoral and junior faculty appointments. The program works with Aboriginal communities in the region to strengthen their capacity to collaborate in research projects and to use research results in their work. It also provides small research grants to support health research of interest to Aboriginal communities, working in collaboration with university personnel.
- The **Indigenous Health Research Development Program (IHRDP)** is a collaboration of McMaster University and the University of Toronto. The two universities play a lead role in funding student and Indigenous Knowledge research initiatives in Aboriginal communities in Ontario. The IHRDP aims to develop a cadre of researchers interested in Indigenous health research. The program attempts to recognize the diversity of Indigenous cultures and peoples in Ontario, both on and off reserve, and including First Nations, Metis and Inuit.

The IHRDP has offices at the University of Toronto and at Six Nations Polytechnic in Ohsweken, Ontario.

- The **Indigenous Peoples Health Research Centre (IPHRC)**, a collaboration between Saskatchewan Indian Federated College, the University of Regina and the University of Saskatchewan. IPHRC, is primarily focused on building capacity in health research among Aboriginal people through trainee support, and promoting research into areas of Aboriginal health in the areas of: chronic diseases, nutrition and life style; Indigenous healing: addiction (includes FAS), mental health, and the judicial system; Health delivery and control (includes ethics, community development and governance); and prevention and environmental health. The IPHRC is designed to increase Indigenous health research capacity and participate with other such centres to facilitate the development of Indigenous health research.
- The **Manitoba First Nation Centre for Aboriginal Health Research (CAHR)**, a joint initiative of the Assembly of Manitoba Chiefs, the Faculty of Medicine at the University of Manitoba, and the Foundations for Health, is involved in activities in Aboriginal health, including: initiating, coordinating and supporting research activities designed to assist First Nations and Aboriginal communities and organizations in their efforts to promote healing, wellness and improved health services; integrating scientific and traditional Aboriginal approaches to producing new knowledge about health and health care; and building research capacity of students and community-based researchers in Aboriginal health through the ACADRE program.
- The **Nasivvik Centre for Inuit Health and Changing Environments** (Quebec City). Nasivvik is an Inuktitut word that means vantage point. It can be a height of land, a hummock of ice, or any place of elevation that affords an observer a clear view of their surroundings to make good observations. The Centre provides training and education opportunities and is conducting multi-disciplinary research on environmental change and influences on Inuit health, environmental public health surveillance and monitoring and Inuit scientific knowledge in environmental health research. Contact Information: (418) 650-5115 ext. 5248.
- The **University of British Columbia - Institute for Aboriginal Health** was envisaged through a wide-ranging consultation process with Aboriginal peoples in British Columbia. It became the university's means of bringing its resources to bear on unacceptable health statistics on Aboriginal peoples. The IAH was developed through a partnership between the UBC First Nations House of Learning and the UBC College of Health Disciplines. It aligned itself with the faculties, schools and departments charged with educating health and human service professionals at the university.

The **McGill University - Aboriginal Mental Health Research Team (AMHRT)**, funded by the Conseil Québécois de la Recherche Sociale, is collaboration between community health practitioners and academic researchers. The team is composed of social scientists, mental

health practitioners, public health care workers, educators and front-line health and social service workers who have convened in order to rethink the assumptions of different models of practice in Aboriginal mental health research. Of critical importance to the AMHRT is their partnership with Aboriginal organizations and communities, as well as ensuring the successful and effective dissemination of knowledge and research results to and from the team and Aboriginal community partners.

The **McGill University - Centre for Indigenous Peoples' Nutrition and Environment** is an independent, multi-disciplinary research and education resource for Indigenous Peoples, created by Canada's Aboriginal leaders. CINE is located on McGill University's Macdonald Campus in Ste-Anne-de-Bellevue, Quebec. CINE was created in response to a need expressed by Aboriginal Peoples for participatory research and education to address their concerns about the integrity of their traditional food systems. Deterioration in the environment has adverse impacts on the health and lifestyles of Indigenous Peoples, in particular nutrition as affected by food and food traditions.

United States

- **Native American Research Centres for Health (NARCH's)**, funded by Indian Health Service and the National Institutes of Health, is a cooperative program to fund developmental and pilot research activities and research training at Tribes, Tribal Organizations, and Indian Health Boards. The following bullets detail the NARCHs:
- The **Great Lakes – Native American Research Center for Health (GLITC)** provides a cooperative structure for the development and implementation of high quality, culturally sensitive and community supported research linked to health disparity issues. Collaborative effort will facilitate the participation of American Indians and Alaskan Natives in the research process through training and mentoring opportunities within both academic and community settings. Goals include to: encourage cooperative research linked to reducing health disparities; to increase the number of AI/AN students, scientists, health professionals and organizations engaged in biomedical, clinical and behavioral research, and to build capacity of both academic institutions and GLITC to work to reduce distrust by AI/AN communities toward research.
- The **John Hopkins University, Center for American Indian Health** works as the University partner to provide research, training and technical assistance to several tribes and tribal health organizations including the Alaska Native Tribal Health Consortium, the White Mountain Apache tribe, and the Confederated Tribes of Siletz Indians of Oregon. Each specific NARCH partnership and projects is briefly described below.
- The **California Native American Research Center for Health (CA-NARCH)** Research Team is committed to facilitating research projects with the active participation of community members, with a goal of reducing health disparities in

Native American populations. To this end, the CA-NARCH includes a Native American IRB and is guided by a Community and Scientific Advisory Board. Researchers are welcome to contact us for advice on working with the community to develop culturally sensitive projects. Examples of current and past research are summarized here, as well as a list of presentations based on such research.

- The **Northwest Tribal Health Research Center (NTHRC)** was established to allow American Indian and Alaska Native (AI/AN) tribes or tribal based organizations to form partnerships with academic institutions so that intensive academic-level biomedical and behavioral research could be conducted upon existing and persistent AI/AN health problems.
- The **Albuquerque Area Indian Health Board NARCH** purposes are: 1) to develop a cadre of American Indian/Alaska Native scientists and health professionals engaged in biomedical, clinical behavioral and health services research who will be competitive in securing NIH funding; 2) to increase the capacity of both research-intensive institutions and AI/AN organizations to work in partnership to reduce distrust by AI/AN communities and people toward research; and 3) to encourage competitive research linked to the health priorities of the AAIHB communities and to reducing health disparities. Our academic partner in this is the University of New Mexico Health Sciences Center.
- The **Alaska Native Tribal Health Consortium**, in 2001, became a NARCH site with support through the National Institute of General Medical Sciences (NIH) and the Indian Health Services. The Alaska Native Tribal Health Consortium contracts with UAA to conduct this 4-year maternal nutrition project.
- The **Northern Plains Native American Research Centers** for Health (Northern Plains NARCH) was established to form partnerships with academic institutions so that intensive academic-level biomedical and behavioral research could be conducted upon existing and persistent AI/AN health problems.
- The **University of Colorado - National Center for American Indian and Alaska Native Mental Health Research** a program in the Department of Psychiatry, is one of four minority mental health research Centers. The NCAIANMHR is sponsored by the National Institute of Mental Health and is the only program of this type in the country focusing specifically on American Indian and Alaska Native populations.

The **University of Hawaii – Native Hawaiian Center of Excellence (NHCOE)** mission is to improve the health of indigenous Hawaiians through research, education, service and training of Native Hawaiians in medicine. The NHCOE at the John A. Burns School of Medicine (JABSOM) is funded by a grant from the United States Department of Health and Human Services. The creation of the NHCOE allowed the consolidation of

over 25 years of programs for minorities into coordinated, comprehensive effort to increase the number of Native Hawaiians practicing medicine.

The **Centre for Native American Health (CNAH)** at the University of New Mexico Health Sciences Center is a relatively new center committed to providing technical assistance, capacity building, student pipeline initiatives and health policy development to tribal and urban communities. This centre will allow us to share knowledge between the university and our communities that specifically addresses health issues of concern to our native people. The mission is to build and strengthen health alliances between the Native American and University communities and their partners for the purpose of improving Native American health in New Mexico.

The **University of New Mexico - Native Health Databases** contain bibliographic information and abstracts of health-related articles, reports, surveys, and other resource documents pertaining to the health and health care of American Indians, Alaska Natives, and Canadian First Nations. The databases provide information for the benefit, use, and education of organizations and individuals with an interest in health-related issues, programs, and initiatives regarding North American indigenous peoples.

The **University of North Dakota - National Resource Center on Native American Aging**. The purpose of this study is to compare Native American elders to the general U.S. population to determine the extent of existing social and health differences. A survey instrument was constructed using questions from nationally administered questionnaires that comparisons might be made with data from the nation. Data is collected on: General health status, Indicators of chronic disease, Indicators of activity limitations, Indicators of vision and hearing, Tobacco and alcohol use, Diet and exercise, and Social supports.

The **University of Oklahoma - Center for American Indian Health Research** is a multidisciplinary, multi-professional, interdepartmental, inter-institutional research, training, and continuing education program. It supports the University of Oklahoma Health Sciences Center, agencies of the State of Oklahoma, and of the Southwest region of the U.S. in the analytic disciplines related to prevention of disease and dysfunction, to the provision for health services and medical care including treatment and rehabilitation. Research programs include studies in chronic disease, particularly diabetes and cardiovascular disease, health education and promotions, infectious disease, social/behavioral epidemiology, genetic disorders, molecular epidemiology, and injury epidemiology.

The **Western Washington University – Center for Cross-Cultural Research** associates have conducted research, both in other countries and among various ethnic groups in the United States. Examples include patterns of drug and alcohol abuse among Native Americans; stereotypes, prejudice, attitudes, and their measurement; anxiety, depression, and related conditions; and psychological effects of natural disasters.

2.4 Other Entities

Canada

The **Aboriginal Healing Foundation (AHF)** vision is one where those affected by the legacy of Physical Abuse and Sexual Abuse experienced in Residential School have addressed the effects of unresolved trauma in meaningful terms, have broken the cycle of abuse, and have enhanced their capacity as individuals, families, communities and nations to sustain their well being and that of future generations. The Foundation also works to engage Canadians in this healing process by encouraging them to walk with us on the path of reconciliation. The Foundation goal is to help create, reinforce and sustain conditions conducive to healing, reconciliation and self-determination. AHF is committed to addressing the legacy of abuse whether direct, indirect and intergenerational, by building on the strengths and resiliency of Aboriginal people.

The **Aboriginal Nurses' Association of Canada (A.N.A.C.)** is a non-governmental, non-profit organization that was established out of the recognition that Aboriginal people's health needs can best be met and understood by health professionals of a similar cultural background. An affiliate group of the Canadian Nurses Association, it is the only Aboriginal professional nursing organization in Canada.

The **Canadian Aboriginal Aids Network (CAAN)** is a non-profit coalition of individuals and organizations which provides leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS, regardless of where they reside.

The **Canadian Coalition for Global Health Research - Global Indigenous Health Task Group (GIHR-TG)** was formed to: ensure that the right to health for Indigenous Peoples is promoted globally, including the right to food security; to encourage collaboration among global indigenous networks and other fora (i.e. UN Permanent Forum on Indigenous Issues, Peoples' Health Assembly, etc); to ensure that research is translated and mobilized to improve health of Indigenous Peoples; to consult with and work with existing Canadian initiatives in indigenous international health; and to contribute to the CCGHR annual meetings and inform the CCGHR membership of our work.

The **Canadian Society for Circumpolar Health (CSCH)** is a charitable organization dedicated to promoting research, exchanging knowledge and fostering greater awareness and responsiveness to the health issues of circumpolar people. The CSCH also promotes and supports efforts of all circumpolar peoples in the attainment of better health. The CSCH was established in 1984, and became a charter member of the International Union for Circumpolar Health (IUCH) in 1986. The CSCH is actively involved with the planning and organizing of the International Congress for Circumpolar Health held every three years.

The **Indigenous Physicians Association of Canada (IPAC)** collective intent [as Indigenous people diversely rooted in ancestry (past and present) and relationship with the natural world (our homelands) who have also had the privilege of medical training and accept the responsibility of working together to use our skills, abilities and experiences] to improve the health (broadly defined) of our nations, communities, families and selves.

The **National Aboriginal Diabetes Association (NADA)** vision is to address diabetes amongst Aboriginal Peoples by creating networks and opportunities for individuals and communities within their beliefs, traditions, and values. NADA's Mission is to be the driving force in addressing diabetes and Aboriginal people as a priority health issue by working together with people, Aboriginal communities and organizations in a culturally respectful manner in promoting healthy lifestyles among Aboriginal people today and for future generations.

The **National Aboriginal Health Organization (NAHO)** will influence and advance the health and well-being of Aboriginal Peoples through carrying out knowledge-based strategies. The objectives of NAHO are to: improve and promote health through knowledge-based activities; promote understanding of health issues affecting Aboriginal Peoples; facilitate and promote research and develop research partnerships; foster participation of Aboriginal Peoples in delivery of health care; and affirm and protect Aboriginal traditional healing practices. NAHO is respectful and inclusive of all Aboriginal Peoples.

The **National Indian & Inuit Community Health Representatives Organization (NIICHR)** is a national not-for-profit non-governmental organization representing Aboriginal Community Health Representatives. NIICHR was formed in 1986 and is managed by a Board of Directors representing all regions of Canada. NIICHR'S goals are to: upgrade the quality of health care of First Nation and Inuit people to the standard of health enjoyed by the rest of the population of Canada; provide a forum for CHRs to communicate and exchange information with each other on various community health initiatives and on the improvement of the CHR program at national level; create and promote awareness and understanding of the CHR program in Canada; provide a mechanism and a means for advising First Nations and Inuit communities, First Nations and Inuit Health Branch (FNIHB), Health Canada and others on all matters pertaining to CHRs.

The **Nechi Training, Research & Health Promotions Institute (Nechi)** is an Aboriginal movement committed to holistic healing and healthy addictions-free lifestyles. Nechi's philosophy is founded upon spirituality of Aboriginal Peoples for our collective well being. It is through the Aboriginal way of knowing, healing and learning, Aboriginal people master our challenges and determine our destinies. Our approach to training, research and health promotions must be holistic and balanced, focusing on the mental, emotional, physical and spiritual dimensions of the individual. Healing and wellness must be components of training, research and health promotions. The approach must be comprehensive, addressing the individual in the context of the Aboriginal

Community. Healing and wellness of the individual contributes to healing of the family and community.

Aboriginal Governance

The **Assembly of First Nations (AFN)** is the national representative organization of the First Nations in Canada. There are over 630 First Nation's communities in Canada. The AFN Secretariat is designed to present the views of the various First Nations through their leaders in areas such as: Aboriginal and Treaty Rights, Economic Development, Education, Languages and Literacy, Health, Housing, Social Development, Justice, Taxation, Land Claims, Environment, and a whole array of issues that are of common concern which arise from time to time.

The **Metis National Council (MNC)** represents the Métis Nation nationally and internationally. It receives its mandate and direction from the democratically elected leadership of the Métis Nation's governments from Ontario westward. Specifically, the MNC reflects and moves forward on the desires and aspirations of these Métis governments at a national and international level. Overall, the MNC's central goal is to secure a healthy space for the Métis Nation's on-going existence within the Canadian federation.

The **Inuit Tapiriit Kanatami (ITK)** represents Inuit in Canada and has accomplished some major goals - the settlement of comprehensive land claim agreements in the four Inuit regions, including, from West to East, the Inuvialuit Settlement Region (Northwest Territories), Nunavut, Nunavik (Northern Quebec), and Nunatsiavut (Northern Labrador). It has also been successful during the patriation of the Canadian constitution in protecting Inuit rights and ensuring their inclusion in the Canadian Constitution. The Inuit of Canada are in the post land-claims era and ITK continue to struggle to represent the rights of the Inuit at the national level, and continue working to improve living conditions for Inuit economically and socially. ITK seeks equity with other Canadians and seeks to close the gap in living standards.

The **Congress of Aboriginal Peoples (CAP)** is a nationally incorporated umbrella organization that represents the interests, nationally, of its provincial and territorial affiliate organizations across Canada. Its head office in Ottawa is the center of operations for its elected executive of a National Chief and Vice-Chief, an administrative core staff, program managers and co-coordinators, and consultants on a range of Aboriginal issues. CAP, itself, does not have individual memberships or provide programs and services directly to individuals. In effect, the "members" of CAP are its affiliate organizations. This office manages the day to day activity of CAP between meetings of its Board of Directors.

United States

Epidemiology Centres:

- The **Great Lakes Epi Center** mission is to support Tribal communities in their efforts to improve health by assisting with data needs through partnership development, community based research, education and technical assistance. Project objectives: provide updated Community Health Data Profiles to the Tribal and Urban Programs in Michigan, Minnesota and Wisconsin; provide access to MIS/RPMS support and training for Tribal and Urban Programs in Michigan, Minnesota and Wisconsin; provide ongoing coordination with EpiCenter partners concerning mutual health information needs projects; provide ongoing communication of EpiCenter activities to EpiCenter partners; maintain a centralized data repository of American Indian health information within Michigan, Minnesota and Wisconsin; and provide support and technical assistance to Tribal epidemiological and prevention projects.
- The **United South and Eastern Tribes Epi Center (USENET)** is a non-profit, inter-tribal organization that collectively represents its member Tribes at the regional and national level. USET has grown to include twenty-four federally recognized Tribes, operating through various workgroups and committees and providing a forum for the exchange of ideas and information amongst Tribes, agencies and governments. USET is dedicated to promoting Indian leadership, improving the quality of life for American Indians, and protecting Indian rights and natural resources on tribal lands. Although its guiding principle is unity, USET plays a major role in the self-determination of all its member Tribes by working to improve the capabilities of Tribal governments.
- The **Northwest Tribal Epidemiological Center** In 1997, the Northwest Portland Area Indian Health Board (NPAIHB) received funding for the development of the Northwest Tribal Epidemiology Center (*The EpiCenter*), with the goal to assist member tribes to improve their health status and quality of life. *The EpiCenter's* conducted and administered by NPAIHB, a non-profit tribal advisory board established in 1972 to advocate and provide technical assistance for the 43 Federally recognized tribes of Washington, Oregon and Idaho.
- The **Inter Tribal Council of Arizona Inc, Epidemiological Center** purpose is to develop Tribally directed epidemiology and public health services that will enable Tribes' to assess individual and community health status, improve ability to plan, conduct and manage their local public health services for their communities in coordination with other health authorities. The ITCA Epidemiology Center is dedicated to improving Tribal community capacity, and involving in conducting research, developing prevention strategies, and building disease surveillance systems. The Mission Statement is "To empower the American Indian Tribes in Arizona, Nevada, and Utah in the development of health services and systems."

The objectives, work-plan and ongoing activities at the Epi Center are continuously evolving based on Tribal needs and urgent public health issues.

- The **Alaska Native Epidemiology Center** is one of eleven tribal epidemiology centers established by the Indian Health Service (IHS) to assist the National IHS Epidemiology Program in improving the health of Alaska Natives and American Indians throughout the United States. The Center supports and serves Alaska tribal health organizations by coordinating, collecting, analyzing, and disseminating timely, accurate, and essential health data. It also supports these organizations by providing technical assistance and advocating for Alaska Native health issues. It works with state, federal, local health agencies and the media to: promote Native health issues; promote collection of health data relevant to Alaska Natives; work to improve cultural sensitivity and accuracy of Native data by other agencies; advocate with other agencies for collection of data requested by Native communities and tribal health groups
- The **Association of American Indian Physicians (AAIP)** primary goal was, and remains to improve the health of American Indian and Alaskan Natives. AAIP fosters forums where modern medicine combines with traditional healing to provide care for American Indian and Alaskan Native communities. Its mission is “to pursue excellence in Native American healthcare by promoting education in the medical disciplines, honoring traditional healing principles and restoring the balance of mind, body, and spirit”. This is realized through direct services provided and the educational and advancement opportunities presented to American Indian and Alaskan Native people in the medical professions as well as referral and mentoring sponsorship of youth entering the medical profession.
- The **National Indian Health Board (NIHB)** represents Tribal Governments operating their own health care delivery systems through contracting and compacting, as well as those receiving health care directly from the Indian Health Service (IHS). The NIHB, a non-profit organization, conducts research, policy analysis, program assessment and development, national and regional meeting planning, training and technical assistance programs, and project management. These services are provided to tribes, Area Health Boards, tribal organizations, federal agencies, and private foundations. The NIHB presents the tribal perspective while monitoring federal legislation and opens opportunities to network with other national health care organizations to engage their support on Indian health care issues.
- **Papa Ola Lokahi** maintains an active health research program, which includes projects on diabetes and cancer rates among Native Hawaiians. Contact Info: 894 Queen Street, Honolulu, HI 96813 Phone: (808) 597-6550 - Fax: (808) 597-6552 Email: manao@papaolalokahi.org
- The **Society for Advancement of Chicanos and Native Americans in Science (SACNAS)** is to encourage Chicano/Latino and Native American students to

pursue graduate education and obtain the advanced degrees necessary for science research, leadership, and teaching careers at all levels. For over 30 years, SACNAS has provided strong national leadership in improving and expanding opportunities for minorities in the scientific workforce and academia; mentoring college students within science, mathematics and engineering; as well as, supporting quality pre-college science education. SACNAS' annual National Conference and K-12 Teacher Workshops, student chapters, e-Mentoring Program, and online internship/job placement resources are tools that help a diverse community of undergraduate and graduate students, professors, administrators, and K-12 educators achieve expertise within their disciplines.

- The **Urban Indian Health Institute (UIHI)** provides centralized nationwide management of health surveillance, research, and policy considerations regarding the health status deficiencies affecting urban American Indians and Alaska Natives. To accomplish this role, the UIHI has three principle components: the Urban Indian Information Center (a web-based solution for gathering and storing information on the health of urban Indians); the Urban Indian Epidemiology Center (studies and analyzes the data collected through the Urban Indian Information Center and other outlets to understand health dynamics affecting urban Indians), and the Center for Tele-Health/Tele-Education and Advanced Communication (utilizes best practices in teleconferencing technology to provide education alternatives and improve communication between the diverse urban Indian health organizations).

2.5 Government and Inter-Government Bodies

Canada

Government of Canada - **First Nations and Inuit Health Branch (FNIHB)** supports the delivery of public health and health promotion services on-reserve and in Inuit communities. It also provides drug, dental and ancillary health services to First Nations and Inuit people regardless of residence. The Branch also provides primary care services on-reserve in remote and isolated areas, where there are no provincial services readily available.

Government of Canada - **Indian and Northern Affairs Canada (INAC)** INAC is responsible for two separate yet equally important mandates: **Indian and Inuit Affairs** and **Northern Affairs**. This broad mandate is derived largely from the *Department of Indian Affairs and Northern Development Act*, the *Indian Act*, territorial acts and legal obligations arising from section 91(24) of the *Constitution Act, 1867*; however, the department is responsible for administering over 50 statutes in total.¹ Consequently, INAC's mandate is complex and its responsibilities encompass a broad range of services. In general, INAC has primary, but not exclusive, responsibility for meeting the federal government's constitutional, treaty, political and legal responsibilities to First Nations, Inuit and Northerners. To fulfill this mandate, INAC must work collaboratively

with First Nations, Inuit and Northerners, as well as with other federal departments and agencies, provinces and territories.

Government of Canada - **Institute of Aboriginal People's Health (IAPH)** supports research to address the special health needs of Canada's Aboriginal people. The Institute of Aboriginal Peoples' Health (IAPH) was established in June 2000, along with the twelve other Canadian Institutes of Health Research (CIHR). Its role is to lead a national advanced research agenda in the area of aboriginal health and promote innovative research that will serve to improve the health of aboriginal people in Canada.

Government of Canada - **Public Health Agency of Canada (PHAC)** Improving the Health of Canada's Aboriginal People Toward a Healthy Future: Second Report on the Health of Canadians summarizes the most current information we have on the health of Canadians and the factors that influence or "determine" health. It suggests several priority areas for action in the new millennium. One of these priorities is to take action to improve the health of Canada's Aboriginal people.

United States

The **Bureau of Indian Affairs (BIA)** responsibility is administration and management of 55.7 million acres of land held in trust by the United States for American Indians, Indian tribes, and Alaska Natives. There are 561 federal recognized tribal governments in the United States. Developing forestlands, leasing assets on these lands, directing agricultural programs, protecting water and land rights, developing and maintaining infrastructure and economic development are all part of the agency's responsibility. The Bureau provides education services to approximately 48,000 Indian students. The **Indian Health Service (IHS)** mission is to...raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. Their goal is to...assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people. Foundation is to...uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

The **National Institutes of Health (NIH)**, a part of the U.S. Department of Health and Human Services, is the primary Federal agency for conducting and supporting medical research. The **National Center on Minority Health and Health Disparities (NCMHD)** mission is to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities. In this effort NCMHD will conduct and support basic, clinical, social, and behavioral research, promote research infrastructure and training, foster emerging programs, disseminate information, and reach out to minority and other health disparity communities. The NCMHD envisions an America in which all populations will have an equal opportunity to live long, healthy and productive lives.

The **Office of Minority Health (OMH)** mission is to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities. OMH, established in 1986 by the U.S. Department of Health and Human Services, advises the Secretary and the Office of Public Health Science on public health program activities affecting American Indians and Alaska Natives, Asian Americans, Blacks/African Americans, Hispanics/Latinos, Native Hawaiians, and other Pacific Islanders.

The **Fogarty International Center (FIC)** addresses global health challenges through innovative and collaborative research and training programs and supports and advances the NIH mission through international partnerships.

The **American Indian Health Web Resource** is sponsored by the National Library of Medicine, and is designed to bring together health and medical resources pertinent to the American Indian population including policies, consumer health information, and research. Links are provided here to an assortment of documents, Web sites, databases, and other resources.

2.6 Websites

Academic Research

Canada

Alberta ACADRE Network (Edmonton) <http://www.acadre.ualbert.ca/>

Atlantic Aboriginal Health Research Program http://aahrp.socialwork.dal.ca/aahrp_3767.html

Anisnawbe Kekendazone (Ottawa)

http://www.ciet.org/en/documents/projects_library_docs/2006222111642.pdf#search=%22Anisnawbe%20Kekendazone%22

Centre for Indigenous Peoples' Nutrition and Environment <http://www.cine.mcgill.ca/index.htm>

Dalhousie University - Atlantic Aboriginal Health Research Program

http://aahrp.socialwork.dal.ca/aahrp_3767.html

First Nations University of Canada, University of Regina & University of Saskatchewan -
Indigenous Peoples Health Research Centre

<http://www.iphrc.ca/what%20we%20do%20home.htm>

Indigenous Health Research Development Program www.snpolytechnic.com

Indigenous Peoples Health Research Centre

<http://www.iphrc.ca/what%20we%20do%20home.htm>

MFN Centre for Aboriginal Health Research <http://www.umanitoba.ca/centres/cahr/index.html>

McGill University - Aboriginal Mental Health Research <http://www.mcgill.ca/amh/>

McGill University - Aboriginal Mental Health Research Team <http://www.mcgill.ca/amh/>

McGill University - Centre for Indigenous Peoples' Nutrition and Environment
<http://www.cine.mcgill.ca/index.htm>

McMaster University – Indigenous Health Research Knowledge Transfer Network
<http://socserv.socsci.mcmaster.ca/ihrktn/>

The Nasivvik Centre for Inuit Health and Changing Environments (Quebec City)
<http://www.nasivvik.ulaval.ca/>

Six Nations Polytechnic & the University of Toronto - Indigenous Health Research Development Program
<http://www.ihrdp.ca/>

University of British Columbia - Institute for Aboriginal Health <http://www.health-disciplines.ubc.ca/iah/index.php>

University of Manitoba - Centre for Aboriginal Health Research
<http://www.umanitoba.ca/centres/cahr/index.html>

University of Manitoba - J.A. Hildes Northern Medical Unit
http://www.umanitoba.ca/faculties/medicine/units/northern_medical_unit/

United States

Albuquerque Area Indian Health Board <http://www.aaihb.org/narch.htm>

Alaska Native Tribal Health Consortium <http://www.ichs.uaa.alaska.edu/ichs/projects/narch.htm>

Arizona School of Health Sciences - Native American Physician Assistant Extension
http://www.ashs.edu/physician_assistant/prog_pa_nap.htm

Arizona State University – American Indian Students United for Nursing
<http://nursing.asu.edu/asun/>

California Native American Research Center
<http://www.canarch.org/Template/Template.asp?SID=64&Ver=1>

Centre for Native American Health <http://hsc.unm.edu/som/fcm/CNAH/>

Great Lakes – Native American Research Center for Health <http://www.glitc.org/narch/>

John Hopkins University, Center for American Indian Health
<http://www.jhsph.edu/caih/Training/NARCH.html>

Native American Research Centres for Health (NARCH's):

- Great Lakes – Native American Research Center for Health <http://www.glitc.org/narch/>

- John Hopkins University, Center for American Indian Health
<http://www.jhsph.edu/caih/Training/NARCH.html>
- The California Native American Research Center for Health
<http://www.canarch.org/Template/Template.asp?SID=64&Ver=1>
- Northwest Portland Area Health Board <http://www.npaihb.org/NTHRC/index.html>
- The Albuquerque Area Indian Health Board <http://www.aaihb.org/narch.htm>
- Alaska Native Tribal Health Consortium
<http://www.ichs.uaa.alaska.edu/ichs/projects/narch.htm>
- Northern Plains NARCH Program <http://www.aatchb.org/epi/narch.htm>

Northern Plains Native American Research Centers <http://www.aatchb.org/epi/narch.htm>

Northwest Tribal Health Research Center <http://www.npaihb.org/NTHRC/index.html>

University of Arizona - Arizona Telemedicine Program
<http://www.telemedicine.arizona.edu/updates/page1.htm#Brody>

University of Arizona – Native American Research & Training Center
<http://www.fcm.arizona.edu/research/nartc/index.htm>

University of Colorado - National Center for American Indian and Alaska Native Mental Health Research
http://www.uchsc.edu/ai/ncaianmhr/ncaianmhr_index.htm

University of Colorado - Native Elder Health Care Resource Center
http://www.uchsc.edu/ai/nehcrc/nehcrc_index.htm

University of Hawaii – Native Hawaiian Center of Excellence <http://www.hawaii.edu/nhcoe/>

University of Minnesota- Center of American Indian and Minority Health
<http://www.caimh.org/home/>

University of New Mexico - Centre for Native American Health
<http://hsc.unm.edu/som/fcm/CNAH/>

University of New Mexico - Native Health Databases <http://hsc.unm.edu/library/nhd/index.cfm>

University of North Dakota - National Resource Center on Native American Aging
<http://www.med.und.nodak.edu/depts/rural/nrcnaa/research/>

University of Oklahoma - Center for American Indian Health Research
<http://www.coph.ouhsc.edu/coph/researchprograms/#caihp>

University of Oklahoma – Health Promotion Programs <http://hpp.ou.edu/>

Western Washington University – Center for Cross-Cultural Research
<http://www.ac.wvu.edu/~culture/scholarship.htm>

Other Entities

Canada

Aboriginal Healing Foundation http://www.ahf.ca/e_ResearchSeries.aspx

Aboriginal Nurses' Association of Canada <http://www.anac.on.ca/>

Assembly of First Nations <http://www.afn.ca/article.asp?id=103>

Assembly of Manitoba Chiefs – Health <http://www.manitobachiefs.com/health/health.html>

Canadian Aboriginal Aids Network <http://www.caan.ca/english/home.htm>

Canadian Coalition for Global Health Research - Global Indigenous Health Task Group
http://www.ccghr.ca/default.cfm?content=tg_indigenous&lang=e&subnav=task_groups

Canadian Society for Circumpolar Health <http://www.csch.ca/english/about.htm>

Congress of Aboriginal Peoples <http://www.abo-peoples.org/programs/Health/OffResHealth.htm>

Indigenous Physicians Association of Canada <http://www.ipac-amic.org/index.php>

Inuit Tapiriit Kanatami <http://www.itk.ca/health/index.php>

Manitoba Métis Federation <http://www.mmf.mb.ca/>

Métis National Council <http://www.metisnation.ca/cabinet/health.html>

Métis Nation of Alberta <http://www.metis.org/MNA.aspx>

Métis Nation of British Columbia <http://www.mpcbc.bc.ca/index.html>

Métis Nation of Ontario <http://www.metisnation.org/>

Métis Nation of Saskatchewan <http://www.metisnation-sask.com/>

National Aboriginal Diabetes Association <http://www.nada.ca/>

National Aboriginal Health Organization <http://www.naho.ca/english/>

National Indian & Inuit Community Health Representatives Organization
<http://www.niichro.com/2004/>

Native Alliance of Quebec
http://www.aagnaq.com/index2.php?Category=a_propos_de_nous_en&CategoryID=1

Native Women's Association of Canada <http://www.nwac-hq.org/health.htm>

Nechi Training, Research & Health Promotions Institute
<http://www.nechi.com/research/main.php>

Inuit Tapiriit Kanatami <http://www.itk.ca/health/index.php>

United States

Epidemiological Centres:

- Great Lakes Epi Center <http://www.glitc.org/epicenter/index.html>
- United South and Eastern Tribes Epi Center
<http://www.usetinc.org/defaultpage.cfm?ID=31>
- Northwest Tribal Epidemiological Center <http://www.npaihb.org/epi/Epihome.html>
- Northern Plains Tribal Epidemiology Center <http://www.aatchb.org/epi/index.htm>
- Inter Tribal Council of Arizona Inc, Epidemiological Center
http://www.itcaonline.com/program_epidem.html
- Alaska Native Epidemiology Center <http://www.anthc.org/cs/chs/epi/>

Association of American Indian Physicians <http://www.aaip.com/>

Consortia of Administrators for Native American Rehabilitation <http://www.canar.org/>

National Congress of American Indians <http://www.ncai.org/Health.48.0.html>

National Indian Council on Aging <http://www.nicoa.org/>

National Indian Health Board <http://www.nihb.org/>

Native American Cancer Research <http://natamcancer.org/>

Northwest Tribal Health Research Center <http://www.npaihb.org/NTHRC/index.html>

Papa Ola Lokahi maintains an active health research program, which includes projects on diabetes and cancer rates among Native Hawaiians. Contact Info: 894 Queen Street, Honolulu, HI 96813, Phone: (808) 597-6550 - Fax: (808) 597-6552, Email: manao@papaolalokahi.org

Society for Advancement of Chicanos and Native Americans in Science <http://www.sacnas.org/>

Tribal Connections <http://www.tribalconnections.org/>

Urban Indian Health Institute <http://www.uihi.org/>

Government and Inter-Government Bodies

Canada

Government of Alberta – Aboriginal Affairs and Northern Development
<http://www.aand.gov.ab.ca/AANDFlash/default.htm>

Government of British Columbia – Ministry of Aboriginal Relations and Reconciliation
http://www.gov.bc.ca/bvprd/bc/channel.do?action=ministry&channelID=-536896053&navId=NAV_ID_province

Government of Canada - First Nations and Inuit Health Branch http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/index_e.html

Government of Canada - Indian and Northern Affairs Canada http://www.ainc-inac.gc.ca/index_e.html

Government of Canada - Institute of Aboriginal People's Health <http://www.cihr-irsc.gc.ca/e/8668.html>

Government of Canada - Public Health Agency of Canada <http://www.phac-aspc.gc.ca/ph-sp/phdd/report/toward/back/impro.html>

Government of Manitoba – Manitoba Aboriginal and Northern Affairs <http://www.gov.mb.ca/ana/>

Government of New Brunswick – Aboriginal Affairs Secretariat
<http://www.gnb.ca/0016/index-e.asp>

Government of Newfoundland & Labrador – Labrador and Aboriginal Affairs
<http://www.laa.gov.nl.ca/laa/>

Government of the Northwest Territories – Ministry of Aboriginal Affairs
<http://www.gov.nt.ca/MAA/index.html>

Government of Nova Scotia – Office of Aboriginal Affairs <http://www.gov.ns.ca/abor/>

Government of Nunavut – Health and Social Services
<http://www.gov.nu.ca/hsssite/hssmain.shtml>

Government of Ontario – Ontario Secretariat for Aboriginal Affairs
<http://www.aboriginalaffairs.osaa.gov.on.ca/english/onas.htm>

Government of Prince Edward Island – Aboriginal Peoples
<http://www.gov.pe.ca/infopei/index.php3?number=41058>

Government of Saskatchewan – First Nations and Métis Relations <http://www.fnmr.gov.sk.ca/>

Government of Yukon – Health & Social Services Department <http://www.hss.gov.yk.ca/>

Institute of Aboriginal People's Health <http://www.cihr-irsc.gc.ca/e/8668.html>

Public Health Agency of Canada <http://www.phac-aspc.gc.ca/ph-sp/phdd/report/toward/back/impro.html>

United States

American Indian Health <http://americanindianhealth.nlm.nih.gov/research.html>

Bureau of Indian Affairs <http://www.doi.gov/bureau-indian-affairs.html>

Fogarty International Center <http://www.fic.nih.gov/programs/index.htm>

Indian Health Service <http://www.ihs.gov/>

Minority Women's Health <http://www.4woman.gov/minority/americanindian/>

National Center for Health Statistics <http://www.cdc.gov/nchs/default.htm>

National Center for Research Resources <http://www.ncrr.nih.gov/>

National Center on Minority Health and Health Disparities <http://ncmhd.nih.gov/>

National Institute of General Medical Sciences <http://www.nigms.nih.gov/About/>

National Institutes of Health <http://www.nih.gov/>

Office of Minority Health <http://www.omhrc.gov/>

The Bureau of Indian Affairs <http://www.doi.gov/bureau-indian-affairs.html>

Section III - The Arctic

3.1 Background

The Arctic is a vast region that covers over one sixth of the earth's land mass. Countries known to make up the Arctic region are Canada, United States (Alaska), Norway, Denmark (including Greenland), Finland, Iceland, Sweden and Russia. The Arctic has a population of approximately four million people, including over thirty different Indigenous groups; and while these groups prove to be distinct in many respects, they do share - at times - similar health conditions and situations that are the target of health research initiatives.

3.2 Health Conditions

The North is a fragile environment and evidence of the negative effect of climate change is beginning to be documented. As the weather heats up, the plants and animals that

Northern Indigenous Peoples are so heavily attached to are becoming stressed.⁵ As one article put it, the “Saami are seeing the reindeer grazing pastures change, Inuit are watching polar bears waste away of a lack of sea ice, and peoples across the Arctic are reporting new species...”⁶ These new and disturbing developments have negative effects on the lifestyles and diets of northern peoples.

It has also been noted that the shift to adapt to modern economic ways of life have led to problems among some northern communities, namely suicides and addictions.⁷ Recently health researchers have reported studies on the record high levels of toxic contaminants that are being detected in the Arctic region. These toxins are pushed north to the Arctic by atmospheric and ocean currents and are linked to neurological, developmental and physical defects among the Indigenous Peoples of the north, particularly among children.⁸

3.3 Academic Research

In Canada, several university-situated centers focus significant attention on Indigenous Peoples of the North. One is the **Nasivvik Centre for Inuit Health and Changing Environments** situated in Laval University. This centre’s main goal is to carry out research that focuses on the environmental changes taking place and how these changes will influence Inuit health in the Canadian Arctic. The Nasivvik Centre also has a training and education component; apart from offering scholarships in Inuit and Environmental Health to graduate students, the centre is conducting a scan of Inuit post-secondary education students (in Canada only) to encourage them to pursue an education in environment and health studies.

McGill University’s **Centre for Indigenous Peoples’ Nutrition and Environment** is involved in various research projects that focus on the north; some of these projects deal with adaptation to climate change, Inuit dietary assessments, and environmental contaminants.

In Europe, a number of universities are also sites of centers that investigate Indigenous peoples’ health. In Denmark’s Aarhus University, the **Centre for Arctic Environmental Medicine**, whose research is epidemiological in character, directs its energy on Arctic environmental medicine. The centre assesses contaminants and lifestyle factors; obesity, diabetes and atherosclerosis, and heavy metals in the environments. In Finland, the **Arctic Centre** conducts high-level multidisciplinary research; it also has developed and maintained databases dealing with Arctic research and the environment, among other topics. Also in Finland, the **Thule Institute** at the University of Oulu, has initiated a “Circumpolar Health and Wellbeing” program that studies human health, well being and adaptation to northern environment. In Norway, the **Saami University College** provides higher education and research-based training that is based on Saami teaching and understanding.

The University of Alaska at Anchorage accommodates the **Alaska Center for Rural Health**. Some of this centre’s energy is focused on dietary risks and benefits, and on a

tele-psychiatry evaluation project. The ***Institute for Circumpolar Health Studies*** also situated at the University of Alaska at Anchorage, provides support and coordination for health research, information and training. It encourages student involvement through academic course work, internships and research assistantships. The ***Center for Alaska Native Health Research (CANHR)***, which has offices at both the University of Alaska Fairbanks and University of Alaska Anchorage, is undertaking a project with the purpose of investigating weight, nutrition and health in Alaska Natives. This project was and is being developed in partnership with the Yukon-Kuskokwin Health Corporation.

3.4 Other Entities

Apart from specific research centres that are situated in various universities across the Arctic region, there are many non-governmental types of councils, organizations and associations scattered in various countries. Some of these entities are composed of academics whose research interests deal with the North. An example is the ***Association of Canadian Universities for Northern Studies***.

Other organizations aim to represent, preserve and promote Northern Indigenous groups by pressing for their rights and sustainable community development. The ***Inuit Tapiriit Kanatami***, the ***Russian Association of Indigenous Peoples of the North***, the ***Alaska Federation of Natives*** and the ***Saami Council*** are several examples.

Non-governmental entities with a focused approach on health in the Arctic region are found within and outside of Canada. These organizations aim to improve and maintain the health of circumpolar peoples. Examples of these organizations are the ***Canadian Society for Circumpolar Health***, the ***Finnish Society for Arctic Health and Biology***, the ***Nordic Society for Arctic Medicine*** and the ***Alaska Native Health Board***.

A noticeable trend that can be observed in the Arctic region is the significant numbers and organizational capacity of regional organizations that have formed to improve the health of Indigenous Peoples. These entities are composed of networks of researchers, Indigenous Peoples' organizations, regional health authorities, professional/scientific associations, and government agencies. A key component of these organizations is to bring people from the various Arctic nation-states and to act as one unified voice. The promotion of communication and coordination with other research organizations is a key goal of many of these inter-country regional entities. A prime example of such an organization is the ***International Network for Circumpolar Health Research***, which has a documentation centre and which supports and helps co-sponsor exchanges of scientists and trainees.

The ***International Union for Circumpolar Health*** aims, among other objectives, to encourage and support research and exchange of scientific information in the circumpolar health sciences. Recently this organization has launched the "Arctic Human Health Initiative" that intends to advance the research agenda of the Arctic Council in the areas of infectious diseases, the effects of anthropogenic pollution, UV radiation & climate variability on human health, and telehealth innovations.

The ***Northern Research Forum*** facilitates the platform for effective, policy-relevant discussion and the sharing of research on northern issues. Meetings within this organization are held every two years, in which an extensive variety of scientists, policy makers and representatives of other stakeholders, are present. The forum encourages participation by younger people and those with new and unconventional approaches.

The ***Inuit Circumpolar Conference (ICC)*** is a Pan-Arctic organization. This body brings together representatives from various Arctic nations into its General Assembly, which is held every four years. The ICC promotes Inuit rights and interests on the international arena, and seeks full and active participation in the political, economic and social development of the Arctic homelands.

3.5 Government and Inter-Government Bodies

The ***Arctic Council*** is a high-level intergovernmental forum that provides a mechanism to address the common concerns and challenges that are faced by both the Arctic governments and the peoples of the Arctic. Member states which form the Arctic Council are Canada, Denmark (including Greenland and the Faroe Islands), Finland, Iceland, Norway, the Russian Federation, Sweden and the United States. Six organizations that represent Arctic Indigenous groups have the status of Permanent Participants within the Council and are involved in the work of the Council in full consultation with governments. These Indigenous organizations are:

- The Aleut International Association;
- The Arctic Athabaskan Council;
- Gwich'in Council International;
- Inuit Circumpolar conference;
- Saami Council and
- Russian Association of Indigenous Peoples of the North

Other organizations like the Standing Committee of the ***Conference of Parliamentarians of the Arctic Region*** participate in the Arctic Council, but as observers.

A key element of the ***Arctic Council*** is to make environmental and monitoring assessments on the state of the Arctic environment. The Council encourages continuous dialogue among researchers, policy planners, Arctic residents and political decision-makers. The decision-making process of the Council is heavily based on the scientific work conducted under the umbrella of the Council, and is also influenced by the traditional knowledge of Indigenous Peoples.

The **Northern Forum** is another organization composed of sub-national or regional governments from 10 northern countries. The forum brings leaders together to address common political, environmental and economic issues. It established the “Youth Substance Abuse Treatment Training program” and a “Telemedicine Pilot Project.” The latter project aims to implement a strategic and innovative solution to address health care needs of two regions in the Russian Arctic: The Republic of Sakha and the Khanty-Mansiik region.

In the United States, the **National Centre for Infectious Diseases** supports the “Arctic Investigations Program” located in Anchorage, Alaska. This program aims to prevent infectious diseases in peoples of the Arctic, with an emphasis on diseases of high incidence and concern among Alaska Natives and American Indians. A number of fellowship opportunities are available in a variety of fields, through this program. Funding agencies that are known to support projects in Alaska are the **National Institutes of Health** and the **National Center for Research Resources**.

In Canada, the **Canadian Polar Commission** acts as a resource that offers an Information Network Researcher’s Directory, which serves a database of research specialists on Canadian polar knowledge. Its website contains an organized listing and contact information of various international research partner organizations. Under the heading “Researcher’s Toolbox,” one can find information tailored to Canadian researchers on the following topics: Territorial Research Licensing; A listing of research facilities; Arctic Science and Technology Information database and funding opportunities.

The Circumpolar Liaison Directorate within the Department of Indian Affairs and Northern Development is the body responsible for representing Canada in the aforementioned Arctic Council and also for initiating partnerships with circumpolar neighbours, like Russia and Greenland. In addition, the Department of Indian and Northern Affairs Canada funds the “Northern Contaminants Program” whose objective is to work towards reducing and, where possible, eliminating contaminants in traditional/country foods, while providing information that assists individuals and communities in making informed decisions about their food.

In Canada, the primary funding agencies that support research in the North are The Canadian Institutes for Health Research – Institute of Aboriginal Peoples’ Health, the Natural Sciences and Engineering Research Council and Natural Resources Canada.

3.6 Key Documents

The following are some key articles that have been published in the field of indigenous health research in the Arctic region. Abstracts or extracts of these articles are found in Appendix II.

Nancy K. McGrath-Hanna, Dana M. Greene, Ronald J. Tavernier & Abel Bult-Ito. Diet And Mental Health In The Arctic: Is Diet An Important Risk Factor For Mental Health In Circumpolar Peoples? – A Review. *International Journal of Circumpolar Health* 2003; **62**: 228-241.

[Smith HS](#), [Bjerregaard P](#), [Chan HM](#) et al. Research with Arctic peoples: unique research opportunities in heart, lung, blood and sleep disorders - Working group summary and recommendations. *International Journal of Circumpolar Health* 2006; **65**: 79-90.

Bjerregaard P, Young TK, Dewailly E & Ebbesson SO. Indigenous health in the Arctic: an overview of the circumpolar Inuit population. *Scandinavian Journal of Public Health* 2004; **32**: 390-395.

3.7 Web Sites

Academic Research

Canada

Laval University – Nasivvik Research on Inuit Health and Changing Environments
<http://www.nasivvik.ulaval.ca/en/index.htm>

McGill University - Centre for Indigenous Peoples' Nutrition and Environment
<http://cine.mcgill.ca./index.htm>

Denmark

Aarhus University – Centre for Arctic Environmental Medicine
<http://www.cam.gl/engelsk/index.htm>

University of Lapland – Arctic Centre <http://www.arcticcentre.org/?deptid=10381>

University of Oulu – Thule Institute – Centre for Arctic Medicine
<http://thule.oulu.fi/englanti/units.html>

Norway

Sami University College <http://www.samiskhs.no/defaulteng.htm>

University of Tromso - Centre for Sami Health Research
Postboks 71, Storgata 39, N-9735, Kárášjohka/Karasjok, Norway

Tel: 78 46 89 00 - Fax: 78 46 89 10

United States

University of Alaska Anchorage – Alaska Center for Rural Health
<http://www.ichs.uaa.alaska.edu/acrh/projects/default.htm>

University of Alaska Anchorage – Institute for Circumpolar Health Studies
<http://www.ichs.uaa.alaska.edu/ichs/projects/default.htm>

University of Alaska Fairbanks - Psychology Department
<http://www.uaf.edu/psych/research/index.html>

University of Alaska Fairbanks & University of Alaska Anchorage – Center for Alaska Native Health Research <http://www.alaska.edu/canhr/index.htm>

Other Entities

Canada

Association of Canadian Universities for Northern Studies <http://www.acuns.ca/>

Canadian Society for Circumpolar Health <http://www.csch.ca/english/home.htm>

Deh Cho First Nations <http://www.dehchofirstnations.com/home.htm>

Deh Cho Health and Social Services Authority, Box 240, Fort Simpson,
NWT (X0E 0N0), Phone: (867) 695-3815 - Fax: (867) 695-2920

Dene Cultural Institute <http://www.deneculture.org/whoarewe.htm>

Dene Nation, P.O. Box 2338, Yellowknife, Northwest Territories,
Canada (X1A 2P7), Phone: 403-873-4081

Inuit Tapiriit Kanatami – National Inuit Organization <http://www.itk.ca/>

Inuvialuit Regional Organization <http://www.irc.inuvialuit.com/>

Kativik Regional Development Council <http://www.katutjiniq.ca/>

Kitikmeot Inuit Association <http://www.polarnet.ca/polarnet/kia.htm>

Labrador Inuit Association <http://www.nunatsiavut.com/>

Labrador Inuit Health Commission <http://www.nunatsiavut.com/en/lihc.php>

Mavikik Corporation <http://www.mavikik.org/eng/index.asp>

Métis Nation of the Northwest Territories, 5125 52nd Ave, Box 1375,

Yellowknife, NT, X1A 2P1, Telephone: (867) 873-3505 - Fax: (867) 873-3395,
Email: metisnwt@internorth.com

Nunavut Tungavik Incorporated <http://www.tungavik.com/>

NWT Métis-Dene Development Fund Ltd.
<http://www.nwtmdf.com/>

Pauktuutit – Inuit Women of Canada <http://www.pauktuutit.ca/>

Qikiqtani Inuit Association <http://www.qikiqtani.nu.ca/>

Yellowknife Dene First Nation Health and Social Program,
P.O. Box 2514, Yellowknife, NT X1A 2P8, Yellowknife, NWT,
TEL: (867) 920-2925 or 873-8951, FAX: (867) 873-8545

Yukon-Kuskokwin Health Corporation <http://www.ykhc.org/>

Denmark

Danish/Greenlandic Society for Circumpolar Health [website not in English]
<http://www.gms.suite.dk/>

Finland

Finnish Society for Arctic Health and Biology <http://atby oulu.fi/ATBYinEnglish.htm>

Nordic Society for Arctic Medicine <http://nsam oulu.fi/>

Greenland

Commission for Scientific Research in Greenland <http://www.kvug.dk/commission.html>

Norway

Sami Institute: Bredbuktnesv. 50 A, 9520 Guovdageaidnu/ Kautokeino,
NORWAY, E-mail: info@nsi.no, Tel +47 78488000 - Fax +47 78488030

Russia

Russian Association of Indigenous Peoples of the North
<http://www.raipon.org/Default.aspx?alias=www.raipon.org/english>

Sweden

Southern Lapland Research Department: Postgatan 7, SE-912 32,
Vilhelmina, Sweden, Tel: +46 940 14495

E-mail: per.sjolander@vilhelmina.se

United States

Alaska Federation of Natives <http://www.nativefederation.org/about.php>

Alaska Native Health Board <http://www.anhb.org/>

Alaska Native Science Commission <http://www.nativescience.org/>

Alaska Native Tribal Health Consortium <http://www.anthc.org/cs/chs/oanhr/>

Arctic Health <http://www.arctichealth.org/research.php>

Arctic Research Consortium of the United States <http://www.arcus.org/>

Regional

Gwich'in Council International <http://www.gwichin.org/>

International Arctic Science Committee <http://www.iasc.se/>

International Arctic Social Sciences Association <http://www.iassa.gl/index.htm>

International Network for Circumpolar Health Research <http://www.inchr.org/>

International Union for Circumpolar Health <http://www.iuch.org/>

Inuit Circumpolar Conference <http://www.inuit.org/index.asp?lang=eng&num=2>

Northern Research Forum <http://www.nrf.is/>

The Saami Council (Finland, Russia, Norway and Sweden)
<http://www.saamicouncil.net/?deptid=1116>

Government and Inter-Government Bodies

Canada

Canadian Polar Commission <http://www.polarcom.gc.ca/>

Circumpolar Liaison Directorate http://www.ainc-inac.gc.ca/ps/nap/circ/cirli_e.html

Department of Health and Social Sciences, Government of Northwest Territories
<http://www.hlthss.gov.nt.ca/>

Department of Health and Social Services, Government of Yukon <http://www.hss.gov.yk.ca/>

Indian and Northern Affairs Canada – Northern Contaminants Program http://www.ainc-inac.gc.ca/ncp/index_e.html

Northern Secretariat, First Nations and Inuit Health Branch, Health Canada http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/ns-sn/index_e.html

Northwest Territories Bureau of Statistics <http://www.stats.gov.nt.ca/>

Nunavik Regional Board of Health and Social Services
<http://www.rrsss17.gouv.qc.ca/en/main.aspx>

Yukon Bureau of Statistics <http://www.gov.yk.ca/depts/eco/stats/>

United States

National Center for Infectious Diseases – Arctic Investigations Program
<http://www.cdc.gov/ncidod/aip/index.html>

National Center for Research Resources <http://www.ncrr.nih.gov/>

National Institutes of Health <http://www.nih.gov/>

Regional

Arctic Council <http://www.arctic-council.org/>

Arctic Council Indigenous Peoples' Secretariat <http://www.arcticpeoples.org/>

Arctic Monitoring and Assessment Programme <http://www.amap.no/>

Barents Euro-Arctic Council <http://www.beac.st/>

Conference of Parliamentarians of the Arctic Region <http://www.arcticparl.org/>

Nordic Council and Nordic Council of Ministers <http://www.norden.org/start/start.asp>

Northern Forum <http://www.northernforum.org/>

Section IV - Australia and New Zealand

4.1 Background

In Australia, there have been various terms used to define its Indigenous Peoples. “Aboriginal Australians,” “Aborigines” and “Natives” have all been used to refer to the first inhabitants of Australia, whose traditional lands extended throughout mainland Australia, Tasmania and numerous offshore islands.⁹ It appears that these terms are being replaced by the increasingly more acceptable phrase “Indigenous Australians.” Ultimately though, many Indigenous Australians prefer to be referred according to their local group names, “such as Wa’s Nyoongar, Wongi and Tamitji people and the Koori people of south-eastern Australia.”¹⁰

Apart from the Indigenous Australians who inhabited the mainland, Tasmania and offshore islands, there are also the “Torres Strait Islanders” whose lands are situated on the Torres Strait Islands that run between northernmost Australia and the island of New Guinea. The Indigenous Torres Strait Islanders have a heritage and cultural history which they identify as being distinct from mainland Indigenous Australians. According to the 2001 Census, Indigenous Peoples –being “Aborigines” and “Torres Strait Islanders” - comprised 2.4% of the Australian population, with 30% living in major cities.¹¹ Furthermore, persons identifying themselves as having “Aboriginal” origin made up approximately 90% of the estimated Indigenous population. Persons of “Torres Strait Islander origin” comprised 6% and those with both “Aboriginal” and “Torres Strait Islander” origin comprised the remaining 4%.¹²

New Zealand’s Indigenous peoples are identified –by the general population- as the “Maori.” However, Indigenous peoples in this country prefer to use the term “Tangata Whenua” or “people of the land” over the term Maori, which was used by the English colonizers.¹³ New Zealand’s Indigenous Maori/Tangata Whenua constitute a significant 14% of the total population according to the 2001 New Zealand census. What is more, approximately 83% of the Maori/Tangata Whenua reside in urban centers.¹⁴

4.2 Health Conditions

The health disparities between Indigenous peoples and the general public in Australia and New Zealand have been well documented. In Australia, for example, the life expectancy of Aboriginal and Torres Strait Islander peoples is approximately 20 years younger than that of the overall Australian population.¹⁵ It has also been noted that in 2001 “the age-standardised rates of death for Indigenous Australians were between two to four times that of [mainstream] Australians.”¹⁶

In New Zealand, gaps in access to care are beginning to be documented between the Indigenous and general population, in that higher numbers of Maori women than of women from the general population reported unmet needs for general practitioner care in a given year.¹⁷ In spite of this and other grim trends, “[s]ubstantial improvements in life expectancy and associated reduction in the disparity between Maori and non-Maori life expectancy were recorded between then 1950’s and mid-1980’s.”¹⁸ There has also been a strengthening presence of Maori within the professional labour force.¹⁹

4.3 Academic Research

Australia

The **Central Queensland University houses the Nulloo Yumbah, CQU’s Indigenous Learning, Spirituality & Research Centre** carries out the “Tertiary Entry Program” which prepares Aboriginal and Torres Strait Islander peoples for successful participation in undergraduate university courses. The center also offers undergraduate courses on “Indigenous Ways of Learning” and on “Indigenous and Cross Cultural Health Care.”

The **Curtin University of Technology** has the **Centre for Aboriginal Studies**. Within this centre is the “Aboriginal Health Program” that combines contemporary health practices and traditional Indigenous Australian healing techniques. Courses that are offered to Indigenous students are the “Associate Degree in Aboriginal Health,” the “Bachelor of Applied Science (Indigenous Community Health),” the “Graduate Certificate in Indigenous Healing Arts” and the “Graduate Certificate in Indigenous Health Promotion,” among others. Also affiliated with the Curtin University of Technology is the **Indigenous Australian Alcohol and Other Drugs Bibliographic Database**, which contains references, keywords and brief annotations for over 600 items on Indigenous Australian substance use.

At **James Cook University** is the **Indigenous Health Unit** of the Faculty of Medicine Health & Molecular Sciences. This unit was established in 2003, and some of its focus areas are to improve Indigenous student retention through dedicated support programs and strategies; to recruit Indigenous students particularly from North Queensland communities, and to strengthen the capacity of all faculty programs to develop and provide, relevant and appropriate Indigenous health curriculum.

The **Menzies School of Health Research**, established in 1985, is involved in Indigenous, tropical and remote health research. Its mission is to improve the health of people living in northern and central Australia, and regions to the near north, through multidisciplinary research and education. The school, though Darwin University, delivers Master and Doctorate degrees in public health.

The **University of Melbourne** has the **Onemda VicHealth Koori Health Unit** that undertakes research that is important to the Koori community of Victoria in Australia. The areas of research of this unit are categorized into the following: Developing an evaluating health policy; Aboriginal health research and ethics; Aboriginal community development and health; professional training and practice; social determinants of Aboriginal health; evaluation of health services, programs and interventions for Aboriginal people, and capacity building for Aboriginal health research. Within these research themes, a large number of specific research projects are being carried out. The Onemda VicHealth Koori Health Unit has partnered with the Centre for Health and Society, and is looking for motivated students to undertake research in Aboriginal Health and get enrolled in the Aboriginal Health Program.

At the **University of Queensland**, the **School of Population Health accomodates the Australian Centre for International and Tropical Health and Nutrition (ACITHN)**. This centre comprises of three programs and one is the “Indigenous Health Program” that offers coursework, research degree courses, short courses in professional education, and training in tropical public health. ACITHN makes special provision for the training of Aboriginal and Torres Strait Islander students and has strong collaborative links with national and international institutions in countries like China, Papua New Guinea and Thailand.

At the **University of Sydney** there is the **Australian Indigenous Health Promotion Network** dedicated to improving the health of Indigenous Australians. The network strives to provide educational and professional development to Aboriginal and Torres Strait Islander health promotion practitioners, researchers and policy makers. It also aims to mobilize and enable Indigenous Australians to communicate regularly about their work and to link them with international Indigenous health and health promotion networks. Its advocacy component seeks –among other objectives- to disseminate relevant health and public policy documents, as well as to contribute to national debate and decision-making about infrastructure support and funding required for Indigenous Australians’ health promotion.

The **Yooroang Garang: School of Indigenous Health Studies**, partnered with the University of Sydney provides the following infrastructure to facilitate Indigenous Health research initiatives: A monthly research forum, a journal club, and a postgraduate-research advisory committee, among others. Staff members from the school are involved in a variety of research projects. Some examples of research areas are: the role of Indigenous health workers; analysis, interpretation and presentation of health statistics; mental health and well-being among Indigenous people; Indigenous sexualities and infectious diseases.

The **University of Wollongong accomodates the School of Nursing, Midwifery & Indigenous Health**. This school has the following five research strengths: evidence-based practice; continuity of care consumer partnerships/collaboration; nursing workforce & staff mentorship, and mental health nursing. Also, the Faculty of

Behavioural sciences in this university offers undergraduate and postgraduate studies in Indigenous health. The program aims to provide students with an understanding of the major issues and practical skills required to work in the field of Aboriginal health.

New Zealand.

The **Auckland University of Technology** has a **Maori Health** component to it with undergraduate programs in various fields like Midwifery and Health Promotion. In addition, the Te Ara Hauora Maori [the Maori Health path] strategy provides career development choices and opportunities in Faculty degrees and the Graduate Certificate in Health Science. Students in this program are supported to form relationships with Maori stakeholders, Maori liaison services, Maori staff and other Maori students. Career benefits for students are extended employability and marketability in Maori health, National and International health and environmental science sectors.

At **Massey University** is the **Centre for Social and Health Outcomes Research and Evaluation (SHORE)**. This center, in partnership with the Whariki Research Group, was established in 2002. It has a team of 20 to 30 social science researchers. The research team has expertise in a number of fields, including alcohol and other drugs, Maori health research, effects of place on health, nutrition and body image, and housing. Past and present research has been carried out in collaboration with community partners, including iwi and pan tribal organizations, local government and ministries and non-governmental organizations. SHORE researchers have also managed World Health Organization projects and participated in a number of other international initiatives. The centre was recently designated a World Health Organization Collaborating Centre for Research and Training in Alcohol and Drug Abuse.

Also at **Massey University**, within the School of Maori Studies, one can also find the **Ngā Kaupapa Rangahau: Research and Māori Health Development Programmes**. One program, titled “Te Rau Pauwai” was established as a joint initiative between Massey University and the Ministry of Health in New Zealand. The program is committed to increasing the professional Maori mental health workforce. Another program called “Te Pumanawa Hauora” which aims to contribute to the advancement of the health of Maori people through quality research activities on the ways in which health services are delivered to Maori, the promotion of health within Maori communities, and the development of health policies for Maori. The program also offer training, practical experience and supervision of young Maori researchers.

At the **University of Auckland**, one will find the **Alcohol and public health Research Unit**, which is a multi-disciplinary body that undertakes a range of quantitative and qualitative research, policy analysis, community action & evaluation research. The research unit is a World Health Organization Collaborating Centre on Alcohol and Other Drugs. It has undertaken projects like the: “Evaluation of a Collaborative Maori Drink-

Drive Programme,” “Community Action to Reduce Alcohol-Related Harm among Young Maori,” and “Influences on the Eating Patterns and Food Choices of Rangatahi Maori in Auckland.” The Alcohol and public health research unit works in partnership with *Whariki*, the Maori research health group. Also located at the **University of Auckland** is the **Tomaioa Maori Health Research Group**, which was established in 1998. This group has undertaken research projects on childhood asthma and adolescent health, among others.

At the **University of Otago** is the **Christchurch School of Medicine and Health Sciences- Maori/Indigenous Health Institute**. Some of the institute’s main activities are to undertake Maori-focused research, to provide advice and contribute to policy development within the university, and to collaborate with Indigenous health organizations from other countries. In terms of research, the Indigenous health institute is undertaking the following projects, among others: “A Pilot Introductory short course on Addictions for Maori” and the “Telephone Survey of Maori Addictions Workers.”

Also at the **University of Otago**, the **Ngai Tahu Māori Health Research Centre** collects, collages, interprets and publishes information, data and statistics on Maori health issues. The research focuses for the Unit are: young people’s health; Maori women’s health and dental health.

The **University of Waikato** hosts the **Maori & Psychology Research Unit** which has undertaken the following projects: “Ta Moko: culture, body modification and the psychology of identity,” “The influence of an active lifestyle component in smoking cessation for Maori women” and “Parent safety rules and children’s’ compliance: Parental style and rule abstractness.”

At the **Victoria University of Wellington**, the **Health Services Research Centre** has been involved in several “Treaty of Waitangi” projects such as: “A model for understanding ‘cultural’ performance standards in Maori mental health, and Contracting for whanau ora,” “Maori Deaf: Perceptions of cultural and linguistic identity of Maori members of the New Zealand Deaf community,” and “The relationship between cultural identity and wellbeing.”

4.4 Other Entities

Australia

The **Aboriginal Drug and Alcohol Council Inc.** ensures the development of effective programs to reduce harm related to substance misuse in Aboriginal communities. The

council also undertakes research on its own and in collaboration with various universities and key national research organisations.

The ***Australian Indigenous Doctors' Association*** strives for excellence in Aboriginal and Torres Strait Islander health, wellbeing and life outcomes through leadership, and in the spirit of cultural integrity, incorporate the philosophy that life is health is life. The non-profit organization provides advice to state, national and international policy bodies on Aboriginal and Torres Strait Islander health, education and health workforce issues.

The ***Australian Indigenous HealthInfoNet*** is a web resource that includes published, unpublished and specially-developed material about Indigenous health freely available to policy makers, researchers, students and the general community.

The ***Congress of Aboriginal and Torres Strait Islander Nurses*** is a first step in Indigenous nurses claiming ownership of, setting the agenda for, and advising on, a range of professional issues. The congress seeks to advise state and federal ministers, Aboriginal and Torres Strait Islander Health Units, and state health departments regarding policy and strategic development.

4.5 Web Sites

Academic Research

Australia

Central Queensland University – Nullo Yumbah, CQU's Indigenous Learning, Spirituality & Research Centre <http://www.cqu.edu.au/nullooyumbah/index.htm>

Curtin University of Technology - Centre for Aboriginal Studies: offers an associate degree in Aboriginal health <http://gunada.curtin.edu.au/study/ahc.cfm>

Curtin University of Technology – Indigenous Australian Alcohol and Other Drugs Bibliographic Database <http://www.db.ndri.curtin.edu.au/>

James Cook University – Indigenous Health Unit <http://www.jcu.edu.au/fmhms/faculty/IHU/>

Menzies School of Health Research
http://www.menzies.edu.au/servlet/page?_pageid=145&_dad=portal30&_schema=PORTAL30

University of Melbourne – Onemda VicHealth Koori Health Unit: a focus on ethics of Koori health research. <http://www.chs.unimelb.edu.au/koori/research/>

University of Melbourne – School of Population Health (Aboriginal Health)
<http://www.chs.unimelb.edu.au/ams/abhealth.html>

University of Queensland - School of Population Health: a research priority is Indigenous Health
<http://www.sph.uq.edu.au/Divisions/acithn/>

University of Sydney – Australian Indigenous Health Promotion Network
<http://www.indigenoushealth.med.usyd.edu.au/education.htm>

University of Sydney - Yooroang Garang: School of indigenous health studies
<http://www3.fhs.usyd.edu.au/yg/research/index.html>

University of Wollongong - School of Nursing, Midwifery & Indigenous Health
<http://www.uow.edu.au/health/nursing/>

Fiji

Fiji School of Medicine <http://www.fsm.ac.fj/>

Pacific Open Learning Health Net <http://www.polhn.com/index.php?id=1>

New Zealand

Auckland University of Technology – Maori Health http://www.aut.ac.nz/maori/maori_health/

Massey University – Centre for Social and Health Outcomes Research and Evaluation
http://www.shore.ac.nz/about_shore/about_shore.html

Massey University - Ngā Kaupapa Rangahau: Research and Māori Health Development Programmes <http://www.massey.ac.nz/~wwmaori/research/>

Massey University - Te Pūmanawa Hauora is the Māori Health Research Programme within the Research Centre for Maori Health & Development <http://hauora.massey.ac.nz/>

University of Auckland - Alcohol and public health Research Unit (under “projects” are a few Maori-related projects) <http://www.aphru.ac.nz/index.htm>

University of Auckland - Maori Research Health Group - working in partnership with the Alcohol and Public Health Research Unit <http://www.aphru.ac.nz/whariki/index.htm>

University of Auckland - Pacific Health Research Centre
<http://www.auckland.ac.nz/mpih/pacific/home.htm>

University of Auckland - Tomaiora Maori Health Research Group
<http://tomaiora.auckland.ac.nz/index.html>

University of Otago - Christchurch School of Medicine and Health Sciences- Maori/Indigenous Health Institute <http://www.chmeds.ac.nz/departments/pubhealth/mihiindex.htm>

University of Otago - Ngai Tahu Māori Health Research Centre
http://www.otago.ac.nz/research/centres/res_cen_maorihealth.html

University of Waikato – Maori & Psychology Research Unit
<http://psychology.waikato.ac.nz/mpru/>

Victoria University of Wellington – Health Services Research Centre
<http://www.vuw.ac.nz/hsrc/projects/treaty.aspx>
<http://www.vuw.ac.nz/hsrc/projects/pacific.aspx>

Other Entities

Australia

Aboriginal Drug and Alcohol Council Inc. <http://www.adac.org.au/aboutus/>

Aboriginal Health & Medical Research Council of New South Wales
<http://www.ahmrc.org.au/index.htm>

Australian Indigenous Doctors' Association <http://www.aida.org.au/>

Australian Indigenous Health *InfoNet* <http://www.healthinfonet.ecu.edu.au/frames.htm>

Central Australian Aboriginal Congress Inc <http://www.cuzcongress.com.au/congress.html>

Collaborative Centre for Aboriginal Health Promotion <http://www.ccahp.org.au/about.html>

Congress of Aboriginal and Torres Strait Islander Nurses <http://www.indiqinet.com.au/catsin/>

Kalgoorlie Bega Garnbirringu Health Centre <http://www.bega.org.au/welcome.htm>

Menzies School of Health Research
http://www.menzies.edu.au/servlet/page?_pageid=145&_dad=portal30&_schema=PORTAL30

National Aboriginal Community Controlled Health Organisation <http://www.naccho.org.au/>

Port Lincoln Aboriginal Health Service Inc <http://www.plahs.org.au/content/14>

Queensland Institute of Medical Research <http://www.qimr.edu.au/research/labs/janelles/>

Telethon Institute for Child Health Research
<http://www.ichr.uwa.edu.au/research/themes/childhealth.lasso>

Wirraka Maya Health Service <http://www.wirrakamaya.com/>

Working with Indigenous Peoples with Disabilities <http://www.wired.org.au/>

Fiji

World Health Organization Representative in the South Pacific

Level 4 Provident Plaza One, Downtown Boulevard, 33 Ellery Street, Suva
P.O. Box 113, Suva, Fiji, Tel:(679) 3-304600 / 3-304631 - Fax:(679) 3-300462
E-mail: who@sp.wpro.who.int

Marshall Islands

Youth to Youth in Health: A more formal non-governmental organization, the Youth-to-Youth In Health plays a major role in providing peer education on health issues to all parts of the Marshalls. The Youth-to-Youth-in-Health, through songs and skits, have reached almost 90% of the Marshalls in delivering messages on current issues to our young people. Mailing Address: PO Box 3149 Majuro, 96960, Marshall Islands; Tel: 692-625-3098; Fax: 692-625-3098.

New Caledonia

Secretariat of the Pacific Community <http://www.spc.int/AC/publichealth/pahp.htm>

New Zealand

Haura.com – Maori Health Community <http://www.hauora.com/research/>

KIMIHAUORA Health Centre - Research on Cancer and Maori Population
<http://www.kimihauora.net.nz/>

Maori Health Development Organization – Tui Ora Limited <http://www.tuiora.co.nz/>

National Council of Maori Nurses <http://www.maorihealth.co.nz/>

New Zealand Guidelines Group <http://www.nzgg.org.nz/>

Nga Maia Aotearoa O te Wai Pounamu – A national collective of Maori Midwives, Maori Midwifery Students and Whanau from diverse backgrounds <http://www.ngamaia.co.nz>

Nga Ngaru Haurora O Aotearoa – The National Maori Health Providers Association
<http://www.ngangaru.co.nz/>

Te Puāwai Tapu – Kaupapa Maori Sexuality Services <http://www.tpt.org.nz/index.htm>

Government-and Inter-Government Bodies

Australia

Australian Government – Department of Health and Aging
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-implem>

Australian Government – National Health and Medical Research Council
<http://www.nhmrc.gov.au/>

Australian Government – Office for Aboriginal and Torres Strait Islander Health
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Office+for+Aboriginal+and+Torres+Strait+Islander+Health+%28OATSIH%29-1/>

Australian Government – Office of Indigenous Policy Coordination <http://www.oipc.gov.au/>

Australian Government – Torres Strait Regional Authority
<http://www.tsra.gov.au/www/index.cfm?itemid=210>

State Government of Victoria, Australia – Koori Health in Victoria
<http://www.health.vic.gov.au/koori/>

Marshall Islands

Ministry of Health, P.O. Box 16, Majuro, Marshall Islands
Tel: (692) 625 7246 / 5660 / 5661 - Fax: (692) 625 3432 / 4543 / 4372
Email: rmimohe@ntamar.com

Office of Women’s Health (Tied to U.S. Department of Health)
<http://www.cdc.gov/women/programs/marshall.htm>

New Zealand

Health Research Council of New Zealand - About Maori Health Research
http://www.hrc.govt.nz/root/Maori%20Health%20Research/About_Maori_Health_Research.html

Maori Health Directorate – within Ministry of Health
<http://www.maorihealth.govt.nz/2004/mhd.php>

Maori Statistics – Government Body <http://www.stats.govt.nz/people/health/default.htm>

Mental Health Commission <http://www.mhc.govt.nz/>

Ministry of Health <http://www.moh.govt.nz/moh.nsf>

National Health Committee <http://www.nhc.govt.nz/default.htm>

Pacific (Regional)

Centre for Disease Control and Prevention: Pacific Emergency Health Initiative – Tied to U.S. Department of Health <http://www.cdc.gov/nceh/ierh/PEHI%20PIB%202004.htm>

Section V - South and Central America

5.1 Background

There are approximately 34 million Indigenous peoples living in Latin America and the Caribbean composing 8% of the region's population.²⁰ In the Americas, there are 450 different ethno-linguistic groups, which makes finding a common definition of Indigenous peoples extremely difficult, if not almost impossible.²¹ In some countries like Bolivia, Indigenous peoples make up the majority of the population (an estimated 81%) while in others like Argentina they make up a minority.²² Thus, one *cannot generalize* the dynamics between Indigenous people and the general population for the whole region of Latin America. To fully understand the interplay between Indigenous peoples and the general population requires country-by-country assessments.

5.2 Health Conditions

Like in other world regions, existing studies demonstrate that Indigenous peoples in most Latin and Central American countries have higher rates of mortality and morbidity than the rest of the population.²³ To cite an example, infant mortality rate in Ecuador is as high as 100 per 1000 infants for the Indigenous community compared with a national average of 30 per 1000.²⁴ In Colombia, the national rate is 10 per 1000, but for the Wayu Indigenous peoples, is 111 per 1000.²⁵ And in Bolivia, the Guaraní peoples demonstrate a prevalence of tuberculosis five to eight times that of the national average.²⁶

5.3 Academic Research

In Chile, the ***Institute of Indigenous Studies***, located at the Universidad de la Frontera [University of the Frontier] aims to promote the development of research and teaching regarding the past, present and future of Chile's Indigenous peoples. The institute, created in 1994, was formed by a small group of Indigenous and non-Indigenous professionals. Staff at the institute offer classes on various subjects at the university which has 500 Indigenous students. The institute is dedicated to applied research and among its research areas is that of Intercultural Health. The Institute has made connections with national and foreign researchers who are interested in Indigenous peoples generally, and the Mapuche peoples in particular.

In Paraguay, the ***Instituto de Investigaciones En Ciencias De La Salud*** [Research Institute of Health Sciences] is investigating natural products utilized by the Indigenous

communities of the Chaco region, and is looking at the creation of a database of medicinal and nutritional plants.

In Nicaragua, the ***Universidad de las regiones autónomas de la costa atlántica - Instituto de Medicina Tradicional y Desarrollo Comunitario*** [University of the autonomous regions of the Caribbean Coast of Nicaragua – Institution of traditional medicine and community development] is a multi-ethnic institution that promotes the value of local medicinal knowledge. The Institute of Traditional Medicine trains nurses and physicians in traditional therapies and also organizes exchanges between western and traditional practitioners to discuss courses of action.

The ***Universidad Andina Simón Bolívar*** in Ecuador has created a space of dialogue in the area of Intercultural Health. The workshop program, created in 1997, invites dialogue on research pertaining to ethno-medicine and ethno-botany, and of local health practices that are not considered mainstream. The workshops aim to study traditional systems of health of Indigenous and Afro peoples of the Andes and the Amazon. Members include university professors, health professionals, NGO representatives, post-graduate students, traditional practitioners of health and Indigenous leaders. Members of the workshop meet on a monthly basis.

The ***Fondo Indígena*** [Indigenous Fund] is a multilateral regional organization, specializing in the promotion of sustainable development and recognition of Indigenous peoples' rights in Latin America and the Caribbean. The fund is made up of governmental and Indigenous delegates of the participating member states. The Fund supports a variety of projects, like the Indigenous Intercultural University below.

The ***Universidad Indígena Intercultural*** [Indigenous Intercultural University] is an initiative of the Fondo Indígena [Indigenous Foundation]. The University's system of advanced education is directed at the Indigenous populations of Latin America and the Caribbean. Programs are carried out through a network of affiliated centers in both Latin America & the Caribbean, and Europe. The university's educational activities are carried out in virtual format, and to a lesser extent through formal academic centers in different countries of the region. Of the proposed academic programs, Intercultural Health is one of them. The university's intercultural health program is connected with the aforementioned Nicaraguan university, the ***Universidad de las regiones autónomas de la costa atlántica***.

5.4 Other Entities

Curamericas is a non-profit organization headquartered in North Carolina, USA. It provides primary health care services and health education to women and children living in rural and semi-urban communities. It is currently carrying out health-related projects in Bolivia, Guatemala, Haiti and Mexico.

The Pan American Health and Education Foundation, a United States not-for-profit organization, aims to combat disease, lengthen life, improve health care services, foster health research and enhance the ability of health care workers in the Americas; it does this through grant-making and direct program implementation. The “Indigenous People’s Fund,” a sub-unit of this organization strives to ameliorate Indigenous peoples’ health in the Americas. Its Indigenous-focused projects range from immunization coverage, to ethno-medical systems, to the “Healthy Kitchens Pilot Project,” to cervical cancer as it affects Indigenous women.

Naturaleza, another non-governmental organization, has a Global Health and Wellness Component. With its Indigenous partners, it is carrying out projects related to Shamanism, Bush Healing, Herbalism and Traditional Midwifery. In addition, it is focusing on Indigenous and Globally Sustainable Development, Culture, Conservation, Public Health and Global Public Health. Naturaleza is constructing a multidisciplinary field station in southern Belize. This station will serve as a place for research, training & clinical services in biodiversity and global health, for scholars and the community at large. The organization invites researchers from both Belize and abroad to attend conferences, workshops and tutorial lessons in the following areas: graduate medical education in tropical/wilderness medicine, epidemiological/infectious diseases, public health and traditional healing modalities.

The **Latin American Network Information Centre** (LANIC) is affiliated with the University of Texas. The network facilitates access to Internet-based information to, from or on Latin America, and contains over 12,000 URLs on various issues. The network is designed-in part- to facilitate research and academic endeavors. Under the “Science in Latin America” heading, there are many web links to health-related resources in Latin America, some of which have an Indigenous focus to them.

The University of New Mexico in the United States and the University of Guadalajara in Mexico have partnered to establish the **Latin American Social Medicine Database** that provides structured abstracts summarizing classic and contemporary works in the field of Latin American Social Medicine. Abstracts are made available in Spanish, Portuguese and English. The database brings together important information regarding the social determinants of health, originally known mostly within professional networks in Latin America, to public health professionals worldwide. Its website allows persons to search and view existing abstracts that are alphabetically organized in the database.

The **Amazon Conservation Team’s** (ACT) mission is to work in partnership with Indigenous people in conserving biodiversity, health and culture in tropical America. The organization has a “Tribal Healthcare/Ethnomedicine” component that incorporates the “Shamans and Apprentices Program.” This program has the goal of preventing the disappearance of traditional knowledge by encouraging young apprentices to learn from elder shamans and to preserve the knowledge of medicines from the local forest. ACT is working with its Indigenous partners to develop an integrative approach to healthcare that combines the best of both western and local healing systems. The organization

operates traditional clinics in several countries. These clinics are under the control of elder shamans and other traditional healers, along with western professionals.

The **Kellogg Foundation**, established in 1930, awards grants for projects in many countries, including those of Latin America and the Caribbean. The Foundation is supporting an “Intercultural Health Program” in Chile and a “Strengthening and Promoting of Traditional Medicine” project of the Indigenous Pijao and Páez Peoples of Tolima, in Colombia.

The **Midwives for Midwives & Women’s Health International** (MFM) organization works to strengthen the capacity of traditional midwives to identify and meet the needs of the communities they serve. The most vital and substantial component of MFM’s work is the training of traditional midwives in Guatemala. MFM, since 1997, has worked to document midwives’ practices, to encourage safe and healthy traditional techniques and to identify gaps in their technical skills and knowledge. In 2000, MFM conducted extensive research to determine existing knowledge skills, beliefs and training needs of midwives in Guatemala.

Also in Guatemala is the **Asociación de servicios comunitarios de salud** [the association of community health services]. This entity, founded in 1978, contributes to community and public health in Guatemala. It is made up of a network of 62 programs and health organizations: clinics and community hospitals, associations that promote health, traditional midwives, cooperatives, Maya therapists, women’s associations, dioceses, and pastors. The organization serves the rural Indigenous population as well as poor non-Indigenous people with little access to health services.

Many advocacy and representative Indigenous organizations exist in this region of the world. These organized entities push for the rights and interests of Indigenous peoples. One example is the **Coordinadora de las Organizaciones Indígenas de la Cuenca Amazónica** (COICA), which is made up of nine national Amazon Indigenous organizations. Another example of an Indigenous organization, located in Ecuador, is the **Confederación de Nacionalidades Indígenas del Ecuador** (CONAIE) which is organizing an international seminar among indigenous organizations, on the health of Indigenous peoples in Latin America.

The **Confederación de los Pueblos de Nacionalidad Kichua del Ecuador** is another Indigenous-run NGO. It has recently signed an agreement with the Ecuadorian Ministry of Health, the Universidad Central del Ecuador, and UNICEF to embark on a process that looks at the merge of traditional and occidental systems of health, particularly in dealing with maternity and infant health. The agreement aims to support the development of public health policy with and Intercultural focus.

The **Jambi Huasi** [Health House] is located in Otavalo, Ecuador. Established as a clinic in 1994, it has recently received a grant from the UNFPA to expand and upgrade

its services and programs. Jambi Huasi provides both modern and traditional medical treatment. Traditional healers at the clinic draw from a pharmacy of native plants used for medicinal purposes. Jambi Huasi has a staff of 14, including two Indigenous medical doctors. Approximately half of Jambi Huasi's clients utilize the services of traditional healers.

On a regional level, the ***Instituto Indigenista Interamericano*** [the Indigenist Inter-American Institute], established in 1940, has as its fundamental objective the collaboration of the coordination of Indigenous policies, among its 16 member states. The Institute promotes research and capacity building of peoples dedicated to the development of indigenous communities.

5.5 Government and Inter-Government Bodies

In Brazil, the ***National Health Foundation*** (FUNASA) has committed to spending money on projects to improve the living conditions and health of Indians and 'quilombolas,' which are descendants of runaway slaves who live in rural ethnic communities.²⁷ The Foundation had in 2005, "US \$48 million" to spend on Indigenous and quilombola communities, over the next four years, half of which come from the Foundation itself and the other half from the World Bank.²⁸

In Mexico, the ***Comisión Nacional para el desarrollo de los pueblos indígenas*** [National Commission for the development of Indigenous Peoples] has created a hostel "La Casa de Los Mil Colores" to admit sick Indigenous children and adults from isolated communities who need treatment that is not available in their communities, and who are in extreme poverty. The hostel offers accommodation, food and medicine to rehabilitate sick Indigenous Mexicans. The National Commission has also supported research on traditional Indigenous medicine and has published a series of books with testimonies of the lives of Indigenous medical doctors, in an effort to re-dignify the importance of their labor.

In Ecuador, ***El Ministerio de Salud Publica*** [The Ministry of Public Health] devotes part of its activities to Indigenous Health. This sub-unit within the Ministry, with a budget of USD "\$ 1.420.895,00" looks at models of and carries out research projects on Intercultural Health.

In Peru, the ***Ministerio de Salud Del Perú***, created in 2002, the Centre for Intercultural Health (CENSI). This center has as its objective to propose policies of Intercultural Health and to promote research, teaching, programs and services, technological transfers and the integration of traditional medicine, alternative medicine and complementary medicine with the mainstream academic medicine.

In Venezuela, the **Ministerio de Salud** [Ministry of Health] is developing a scheme of Intercultural Public Health in direct consultation with Indigenous peoples and communities and their wishes of how this scheme is to be implemented.

The **Pan American Health Organization** (PAHO), an international public health agency, acts as the regional office of the World Health Organization. It has a bulk of publications on the health of Indigenous Peoples and on Intercultural models of care. Its website also has country-specific health information and contact information.

The **Inter-American Development Bank**, established in 1959, is a development institution that acts as the main source of multilateral financing for economic, social and institutional development projects in Latin American and the Caribbean. The Bank has funded the following projects, among others: “Best Practices in Intercultural Health,” “Toolkit to Reduce Maternal and Infant Mortality Rates on Indigenous Populations,” and “Increasing Access to Primary Health Care for Amerindian Communities.”

The **World Bank**, an international body, offers financial and technical assistance to developing countries around the world. In 2003, it developed the “Indigenous Peoples Leadership Capacity Building Program for the Andean Countries,” aimed to promote the exchange of knowledge and experiences among indigenous representatives in the Andean countries, to strengthen their leadership capacity, and to increase the social and cultural assets of their communities.

5.6 Key Documents

The following are some key articles that have been published in the field of indigenous health in the Latin American and Caribbean region. Abstracts or extracts of these articles are found in Appendix II.

Alarcon AM, Astudillo P, Barrios S, Rivas E. [Intercultural health care policy from the perspective of health care providers and Mapuche clients] [article in Spanish] *Rev Med Chil*. 2004; **132**: 1109-14.

Duarte-Gomez MB, Brachet-Marquez V, Campos-Navarro R, Nigenda G. [National health policies and local decisions in Mexico: the case of an intercultural hospital in Cuetzalan, Puebla] [article in Spanish] *Salud Publica Mex* 2004; **46**:388-98.

Ehrenberg JP, Ault SK. Neglected diseases of neglected populations: thinking to reshape the determinants of health in Latin America and the Caribbean. *BMC Public Health* Nov 112005: 119.

Montenegro R, Stephens C. Indigenous health in Latin America and the Caribbean. *The Lancet* 2006; **367**: 1859-69.

Perafan C, Savedoff W. Indigenous Peoples and Health: Issues for Discussion and Debate. Working Paper. Inter-American Development Bank, Sustainable Development Department,

Indigenous Peoples and Community Development Unit. 2001: 1-11. Retrieved from *Google Scholar* on August 15, 2006.

5.7 Web Sites

Academic Research

Argentina

Centre for the documentation, disclosure, training and advising of indigenous peoples of Argentina Faculty of Philosophy, Institute of Anthropology
Social Anthropology Section Sección
Púan 470 4to. Piso. Of. 468,
Capital Federal, Argentina (1432)
E-mail: cedcapi@yahoo.com.ar

Indigenous Center for Social and Academic Action (Yachayhuasi)
El Hornero 468, S.S. de Jujuy, Jujuy, 4600, Argentina,
TEL: 54-388-4263060, Fax: 54-388-4263060
E-mail: e_alderete@arnet.com.ar

Chile

Universidad de la Frontera - Institute of Indigenous Studies <http://www.xs4all.nl/~rehue/org/ufro-en.html>

Ecuador

Universidad Andina Simón Bolívar – Health Section [in Spanish]
<http://www.uasb.edu.ec/acad/salud.html>

Mexico

Mexican Research, Teaching and Service Network on Indigenous Knowledge
Dr. Antonio Macias-Lopez
Colegio de Postgraduados, Campus Puebla
Apartado Postal 1-12, C.P. 72130
Col. La Libertad, Puebla, México
TEL: + 52-22-851 442 - Fax: + 52-22-851-444
E-mail: mantonio@colpos.colpos.mx

Instituto Nacional de Salud Publica <http://www.insp.mx/> [in Spanish]

Nicaragua

Universidad Nacional Autónoma De Nicaragua – Health Research <http://www.cies.edu.ni/> [in Spanish]

Universidad de las regiones autónomas de la costa atlántica – Instituto de Medicina Tradicional y Desarrollo Comunitario www.uraccan.edu.ni/ [in Spanish]

Paraguay

Instituto de Investigaciones en Ciencias de la Salud <http://www.iics.una.py/> [in Spanish]

Regional

Universidad Indígena Intercultural <http://uii.fondoindigena.org/virtual/> [in Spanish]

Other Entities

Chile

Indigenous Association for the health of Makewe -Pelale Region of the Araucania, Chile
Tel: 56- 45 – 352628 - Fax: 56 - 45 -325154
E-mail: gbocara@ufro.cl & jibacach@ufro.cl

Colombia

Association of the indigenous assemblies of the north of Cauca
Carrera 12 # 8-44 Santander de Quilichao, Cauca, Colombia
TEL: (+57) 28 290958
E-mail:acincauca@yahoo.es

Regional Indigenous Council of Cauca
Calle 1ª No 4-50, Popayán, Cauca, Colombia
TEL: + (57-2) 8231260 – 8242153 - FAX: + (57-2) 8240343

Ecuador

Confederación de Nacionalidades Indígenas del Ecuador <http://conaie.org/> [in Spanish]

Confederación de los Pueblos de Nacionalidad Kichua del Ecuador
<http://ecuarunari.nativeweb.org/> [in Spanish]

Coordinator of the Indigenous Organizations of the Amazon Basin
<http://www.coica.org/index.html>

Jambi Huasi Clinic [Health house], Miriam Conejo, Coordinator

Modesto Jaramillo 608 y Morales Esquina, Casilla 65 - Otavalo, Ecuador
TEL/Fax: (593-6) 920-976
<http://www.unfpa.org/countryfocus/ecuador/clinic.htm>

Medical centre of orientation and family planning
Teresa de Vargas, Director or Francisco Sevilla, MD
Cuero y Caicedo # 258 y av. 10 de agosto, 3er. Piso
Quito, Ecuador
TEL: (5932) 230-519 – Fax (233-713)
E-mail: cemoplaf@uio.satnet.net

Guatemala

Asociación de servicios comunitarios de salud <http://www.asecsa.org/presenta.htm> [in Spanish]

Association of Midwives/Asociación de Comadronas, Playa Grande, Ixcan El Quiche,
Guatemala, TEL: (502) 778-32346

Council of Maya Women of Guatemala, 9a Calle Lote N.29, Quintas los Aposentos,
Zona 1, Chimaltenango, Guatemala, TEL/Fax: 039-2709

Midwives for Midwives & Women's' Health International <http://www.midwivesformidwives.org/>

Coordinadora Nacional Indígena y Campesina <http://www.cnoc.org.gt/conic.html> [in Spanish]

Guyana

Amerindian Peoples' Association <http://www.sdn.org.gy/apa/>

México

Organización de Médicos Indígenas de la Mixteca Alta
<http://www.cdi.gob.mx/participacion/omima/index.html> [in Spanish]

Panamá

Panamanian Indigenous Association, Ministerio de Salud de Panamá,
S.T.S. Darien, "57", Panamá, TEL: + 507 57 72 62

Peru

Prisma - <http://www.prisma.org.pe> [in Spanish]

Surinam

Indigenous Organization of Surinam, Johannes Kingstraat 7 – Rainville,
Paramaribo, Surinam, Tel/Fax: 00597 – 421380,
E-mail: oisur@sr.net

Uruguay

Uruguayan Resource Centre for indigenous Knowledge
Cedesur P.O. Box 20.201, Sayago, Montevideo, Uruguay (12,900),
E-mail: dgsa@chasque.apc.org

Venezuela

Venezuelan Resource Secretariat for Indigenous Knowledge
Dr. Consuelo Quiroz, National Coordinator
University of The Andes, Núcleo 'Rafael Range'
Apartado Postal # 22 , Trujillo 3102, Estado Trujillo, Venezuela
Tel: +58-72-721672 - Fax: +58-72-362177
E-mail: consuelo@cantv.net

Regional

Amazon Conservation Team <http://www.amazonteam.org/about.html>

Curamericas <http://www.curamericas.org/>

Fondo Indígena <http://www.fondoindigena.org/> [in Spanish]

Instituto Indigenista Interamericano <http://www.indigenista.org/web/> [in Spanish]

Kellogg Foundation <http://www.wkkf.org/default.aspx?LanguageID=0>
Latin American Network Information Centre <http://lanic.utexas.edu/la/region/health/>

Latin American Social Medicine Database <http://hsc.unm.edu/lasm/english/summary.shtml>

Naturaleza Inc <http://www.naturalezafoundation.org/>

Pan American Health and Education Foundation <http://www.pahef.org/>

Government and Inter-Government Bodies

Argentina

Ministerio de Salud http://www.msal.gov.ar/html/site/prog_anah.asp [in Spanish]

Bolivia

Ministerio de Salud y Deportes <http://www.sns.gov.bo/> [in Spanish]

Brazil

National Council of Health <http://conselho.saude.gov.br/> [in Portuguese]

National Health Foundation <http://www.funasa.gov.br/index.htm> [in Portuguese]

Chile

Ministerio de Salud – Medicinas Alternativas <http://www.minsal.cl/> [in Spanish]

Colombia

Ministerio de protección social – Salud Publica <http://www.minproteccionsocial.gov.co> [in Spanish]

Costa Rica

Ministerio de Salud <http://www.ministeriodesalud.go.cr> [in Spanish]

Ecuador

Ministerio de Salud Publica <http://www.msp.gov.ec/> [in Spanish]

El Salvador

Ministerio de Salud <http://www.mspas.gob.sv/> [in Spanish]

Guatemala

Ministerio de Salud Publica <http://www.mspas.gob.gt> [in Spanish]

México

Comisión Nacional para el desarrollo de los pueblos Indígenas <http://cdi.gob.mx/index.php> [in Spanish]

Secretaria de Salud <http://www.salud.gob.mx/> [in Spanish]

Nicaragua

Ministerio de Salud <http://www.minsa.gob.ni/> [in Spanish]

Panama

Ministerio de Salud <http://www.minsa.gob.pa/index.php> [in Spanish]

Paraguay

Instituto Nacional de Salud <http://www.ins.gov.py/> [in Spanish]

Perú

Ministerio de Salud del Perú <http://www.ins.gob.pe/> [in Spanish]

Uruguay

Ministerio de Salud Publica <http://www.msp.gub.uy> [in Spanish]

Venezuela

Ministerio de Salud <http://www.msds.gov.ve> [in Spanish]

Regional

Inter American Development Bank <http://www.iadb.org/>

Pan American Health Organization <http://www.paho.org/>

World Bank – <http://www.worldbank.org/>

Section VI - Asia

6.1 Background

Asia poses unique challenges for researchers who want to focus on Indigenous peoples' health. Identifying which groups are Indigenous in this region is difficult, since some states have sought definitions which would make it clear that the populations they refer to as 'tribals' or 'minority nationalities' are not Indigenous peoples.²⁹ Although contested by certain state sectors, the "scheduled tribes" of India and the "ethnic minority groups" of China can be - and have been by academics and developmental organizations- conceptualized as Indigenous peoples. In Asia, one can find the largest remaining concentration of Indigenous peoples. Indeed, it is estimated by some academics that 75% of the world's Indigenous peoples reside in this world region, namely in southern and southeastern Asia.³⁰

6.2 Health Conditions (India and China)

Giving an illustration of Indigenous peoples' health in all Asian countries falls outside the scope of this paper. However, in order to provide a quick glimpse of how Indigenous peoples fare in terms of health status, two countries will be briefly described: India and China.

Health status indicators of ethnic minorities in China are worse than those of the majority Han ethnic group. Indeed, poverty, illiteracy, low urbanization, high infant mortality rates and less developed health care facilities have negatively affected China's ethnic minorities.³¹ Although in China, people are generally living longer and healthier

lives, there is a need to reduce discrepancy in health status between China's better-off urban population and people living in remote rural areas, particularly ethnic minorities.³²

Like so many Indigenous groups around the globe, the Scheduled Tribes in India form a disadvantaged social segment of society. In the Indian region of Kerala, as an example, 80% of the *adivasi* or indigenous population, lives in abject poverty and suffers from poor access to decent health care.³³ In India, 25% of the population live below the poverty line, but among the "Scheduled Tribes" the figure rises to 45%.³⁴ India's increasing effort to meet resource industry economic demands has meant "massive displacement and loss of indigenous lands to their original inhabitants."³⁵ As a historically outcast group in Indian society, the *adivasi* bare a disproportionate burden of disease, from tuberculosis to asthma to leprosy.³⁶

6.3 Academic Research

In India, the ***Regional Medical Research Centre for Tribals*** looks at the health of Indigenous peoples, or 'tribal peoples' as they are referred to in that country. One of this center's objectives is to plan, conduct and coordinate research in order to bring out the specific health problems and health needs of the 'tribals' of the country. This research centre investigates the problems of tribal populations, including nutritional disorders, common communicable diseases and environmental problems. The Centre also provides assistance in planning, monitoring and the evaluation of tribal health.

The ***Jigyansu Tribal Research Centre***, also situated in India, aims –among other objectives - to undertake projects on tribal women & health, and family planning.

The ***Centre for Advanced Research on Indigenous Knowledge Systems*** is also situated in India. Among its interdisciplinary research activities, one project aims to look at Indigenous practices and primary health care in Karnataka, a southern Indian state.

The ***International Medical University*** is located in Malaysia. The university offers Doctorate programs in Community Health. This university already partnered with several Canadian counterparts: The University of Calgary, Dalhousie University and the Memorial University of Newfoundland.

Situated in Canada, McGill University's ***Centre for Indigenous Peoples' Nutrition and Environment*** is carrying out a number of projects in the following countries: India, China, The Philippines, Thailand and Bangladesh. The Centre, headed by Dr. Harriet Kuhnlein, is researching traditional food systems of Indigenous peoples in the above Asian countries.

6.4 Other Entities

The **Asian Indigenous and Tribal Peoples Network** is an alliance of Indigenous and tribal peoples' organizations and individual activists across the Asian region. The network seeks to promote and protect the rights of Indigenous and tribal peoples in Asia and has special consultative status with the United Nations Economic and Social Council.

Health Unlimited, a British-based organization places particular concern on Indigenous peoples. It is currently undertaking various health-related programs in the following countries: Cambodia and Laos (with hill tribes) Burma (training traditional midwives) and China (with "minority groups").

The Association for International Solidarity in Asia, headquartered in Italy, has several projects in provinces of China that are heavily populated by 'ethnic minorities.' Past and current projects include the improvement of health and hygiene in remote villages, the development of traditional medicine and the strengthening of the traditional medical sector.

The **Terma Foundation** combines Indigenous and western knowledge to confront the health crisis affecting Tibetans within China. Two specific public health programs of this foundation are the "Child feeding and Indigenous food development program" and the "Traditional Tibetan Medicine" program. The **Amity Foundation** and the **Bridge Fund** are additional organizations. The former emphasizes medical training for "ethnic minorities" in remote Chinese areas, and the latter is involved in a health care promotion initiative, which includes and HIV/AIDS education component.

In India, the **Association for Health Welfare in the Nilgiris** runs a 10-year-old health programme that includes a health insurance scheme. The centre established an Adivasi Hospital, in which patients are brought from distant villages and good quality care is given. Hospital staff comes from the local community and can -like the targeted patients- speak the tribal language.

The **Irula Tribal Women's Welfare Society** supports tribal/Indigenous health in India. Among its projects, one is the "Health Empowerment Project" that carries out several activities like HIV/AIDS awareness prevention training courses, and the "Traditional Medicinal Knowledge Project."

The **Tribal India Health Foundation** aims to improve the health status of Indigenous peoples in India and to encourage the formation of more tribal health initiatives. Among its partners is the American-based John Hopkins School of Public Health. The organization offers a four-week public health and preventive medicine elective program that gives graduate public health and medical students in the United States an opportunity to observe clinical and community-based health care systems catering to tribal populations in India.

The **Nandi Foundation** in India, has begun a new “Maternal and newborn care for Tribals” initiative that hopes to generate awareness among the community on issues related to prevention and control of Malaria, safe motherhood & child care aspects, and different health services available.

The **Tribal Health Initiative**, also in India, has established a tribal hospital for treatment and surgery; members of this organization conduct postnatal checkups in villages once a week so that all newborn babies are seen within a week of their birth. In addition, this organization puts on drama and cultural shows to spread information on health and cultural issues affecting tribal patients.

The **Bangladesh Rural Advancement Committee** promotes sustainable human development. In doing so, it has established health programmes, covering many health conditions like health and nutrition, immunization and tuberculosis. One program, the “National Nutrition Program” is financially supported by the Bangladeshi government with the assistance of the World Bank, Canadian-CIDA, the Dutch government and UNICEF. The aim of this program is to achieve household food security thus achieving nutritional improvement among poor families.

6.5 Government and Inter-Government Bodies

In Thailand, the Thailand Research Fund established the “Royal Golden Jubilee PhD Program.” This program began in 1996 in response to the severe shortage of highly qualified human resources in Thailand. The program provides grants to support doctoral students in every discipline of study in Thailand. The Research Fund collaborates with partners outside of Thailand. Its Canadian partners are the National Research Council of Canada, the International Development Research Council, and the Canadian Institutes of Health Research.

Thailand also launched the International Health Policy Program (IHPP). This project has the mission of developing and strengthening human capacity in two major areas: Health Systems & Policy Research, and International Health. The program recruits qualified Thai professionals to undergo an intensive apprenticeship period for one year. The IHPP has numerous regional and international collaborators. Among them are the International Labour Organisation and the London School of Hygiene and Tropical Health.

In Bhutan, the Department of Health Services established, in 1967, the Institute of Traditional Medicine Services. The main objectives of this institute are to promote the traditional (indigenous) system of medicine in the country and provide alternative medicine as complementary to the allopathic system.

In India the Ministry of Tribal Affairs established in 1999, delivers schemes and programs aimed at ameliorating the state of welfare and development of Scheduled

Tribes, the most under-privileged sector of Indian society. Under the scheme “Research & Training,” the Ministry provides financial assistance (grants) to Tribal Research Institutes on a 50:50 sharing basis, for the purpose of conducting research and evaluation studies, seminars, workshops, etc. It also awards research fellowships to tribal students and supports projects taking place in non-governmental organizations and universities. Among the various initiatives of the Ministry of Tribal Affairs, one is to set up a National Institute for Research & Training in Tribal Affairs, as an apex body of state level Tribal Research Institutes.

6.6 Key Documents

The following are some key articles that have been published in the field of health research in Asia. Abstracts of these articles are found in Appendix II.

Ritu Sadana, Carol D’Souza, Adnan A Hyder and A Mushtaque R Chowdhury. Importance of health research in South Asia. *British Medical Journal* 2004; 328: 826-30.

Edwards NC & Roelofs SM. Sustainability: the elusive dimension of international health projects. *Canadian Journal of Public Health* (Jan-Feb 2006) 97(1): 45-9.

Ali Asgar & A Behranwala. Health in South Asia: Research cannot be funded when health itself has low priority. *British Medical Journal* 2004 328: 1497

Zulfiqar Bhutta, Samiran Nundy & Kamran Abbasi. Is there hope for South Asia? *British Medical Journal* 2004 328: 777-778.

6.7 Web Sites

Academic Research

China

Peking University – Health Science Centre http://www1.bjmu.edu.cn/E_bjmu/E-bjmu1.htm

India

All India Institute of Medical Sciences <http://www.aiims.ac.in/index.html>

Centre for Advanced Research on Indigenous Knowledge Systems <http://www.lpl.univ-aix.fr/~belbernard/misc/ccrss/cariks.htm>

Institute of Health Management Research <http://www.iihmr.org/profile.htm>

International Institute of Population Studies <http://www.iipsindia.org/index.htm>

Jigyansu Tribal Research Centre <http://www.indiasocial.org/jigyansu/>

Regional Medical Research Centre for Tribals http://www.icmr.nic.in/000519/ins_profile.htm

Tata Institute of Social Sciences <http://www.tiss.edu/home.htm>

Malaysia

International Medical University <http://www.imu.edu.my/default.asp>

Universiti Malaysia Sabah – Psychology and social health research unit
http://www.ums.edu.my/go.php?sect=corpinfo&p=svc_social

Nepal

Tribhuvan University - Central Department of Population Studies
<http://www.cdps.edu.np/index.html>

Thailand

Mahidol University – Faculty of Public Health http://www.ph.mahidol.ac.th/index_en.html#

Mahidol University – Institute for Population and Social Research
<http://www.ipsr.mahidol.ac.th/index.htm>

Regional

McGill University – Centre for Indigenous Peoples' Nutrition and Environment (has projects in India, China, the Philippines, Thailand and Bangladesh) <http://www.cine.mcgill.ca/IA2.htm>

Other Entities

Bangladesh

Bangladesh Resource Centre for Indigenous Knowledge
Sukanta Sen, Coordinator , 3/7, Block D, Lalmatia, Dhaka – 1207, Bangladesh,
Tel: +880-2-9132372 - Fax: +880-2-8155348, E-mail: iard@bdonline.com

Bangladesh Rural Advancement Committee <http://www.brac.net/health.htm>

China

Center for Biodiversity and Indigenous Knowledge http://www.cbik.org/cbik-en/cbik/about_us.htm

Terma Foundation <http://www.terma.org/>

The Amity Foundation <http://www.amityfoundation.org/page.php?page=34>

The Bridge Fund <http://www.bridgefund.org/>

India

All India Coordinating Forum of the Adivasi/Indigenous Peoples
K-14 (first floor), Green Park Extension, 110016 New Delhi, India,
Tel: + 91 11 616 3830 - Fax: + 91 11 619 8042, E-mail: admin@tom.unv.ernet.in

Association for Health Welfare in the Nilgiris <http://www.ashwini.org/>

Indian National Trust for the Welfare of Tribals <http://www.helptribals.org/>

Irula Tribal Women's Welfare Society <http://www.itwwsindia.org/>

Maternal and Newborn Care for Tribals, Naandi Foundation,
502, Trendset Towers, Road No 2, Banjara Hills, India, Hyderabad - 500 034,
Tel: 40 - 5569 6074 / 75, 2355 6491 / 92 , Fax: 40 - 2355 6537,
E-mail: info@naandi.net & alina@naandi.net

Nandi Foundation <http://www.naandi.org/>

Tribal Health Initiative <http://www.tribalhealth.org/>

Tribal India Health Foundation <http://www.tihf.org/>

Nepal

Nepal Federation of Indigenous Nationalities <http://www.nefin.org.np/>

Philippines

Tebtebba Foundation - Indigenous Peoples' International Centre for Policy Research and Education http://www.tebtebba.org/about_us/programmes.htm

Thailand

Pattanak Foundation <http://www.pattanak.or.th/mainpage.htm>

Regional

Asian Indigenous & Tribal Peoples Network <http://www.aitpn.org/>

Association for International Solidarity in Asia <http://www.asia-onlus.org/>

Health Unlimited
<http://www.healthunlimited.org/cambodia/index.htm> (Cambodia)
<http://www.healthunlimited.org/burma/index.htm> (Burma)
<http://www.healthunlimited.org/laos/index.htm> (Laos)
<http://www.healthunlimited.org/china/index.htm> (China)

Government and Inter-Government Bodies

Bangladesh

Bangladesh Medical Research Council, Mohakhali, Dhaka, Bangladesh-1212,
Tel: 8828396, 8811395 - Fax: 880-2-8828820, Email: bmrc@citechco.net

Bhutan

Institute of Traditional Medicine Services <http://www.health.gov.bt/Indigenous/index.htm>

Cambodia

National Institute of Public Health <http://www.camnet.com.kh/nphri/default.htm>

India

Government of Orissa - Scheduled Tribes & Scheduled Castes, Development, Minorities & Backward Classes Welfare Department http://orissagov.nic.in/stsc/research_training.htm

Indian Council of Medical Research <http://www.icmr.nic.in/wel.htm>

Ministry of Health and Family Welfare <http://mohfw.nic.in/>

Ministry of Tribal Affairs <http://tribal.nic.in/index1.html>

Malaysia

The Council of Trust for Indigenous People <http://www.mara.gov.my/english/default.htm>

Maldives

Health Information and Research Unit, Ministry of Health, Maldives,
Tel: 00 960 32 8887 ext: 108, 109, E-mail: hiru@health.gov.mv

Nepal

Nepal Health Research Council <http://www.moh.gov.np/functions/nhrc.asp>

Pakistan

Pakistan Medical Research Council <http://www.pmrc.org.pk/>

Philippines

Philippine Council for Health Research and Development
<http://www.pchrd.dost.gov.ph/newpchrd/>

Tebtebba Foundation - Indigenous Peoples' International Centre for Policy Research and Education http://www.tebtebba.org/about_us/programmes.htm

Thailand

International Health Policy Program <http://www.ihpp.thaigov.net/index.php>

The Thailand Research Fund <http://www.trf.or.th/en/index.asp>

Tribal Research Institute, Chiang Mai University Campus,
Huay Kaew Road 502200, Thailand, Tel: (+ 66 -53) 221 933 216 979
Fax: (+66-53) 222 494, E-mail: tribal@chmai.loxinfo.co.th

Section VII - Africa

7.1 Background

Africa, much like some parts of Asia, poses particular problems in defining and recognizing Indigenous peoples. This is because the majority of Africans consider themselves Indigenous, having achieved de-colonization and self-determination from European colonial powers.³⁷ Indeed, nowhere is the notion of indigeneity more disputed than in the African continent, where all Africans claim indigeneity against comparison with white colonists.³⁸

This dispute aside, in the continent of Africa there are small nomadic herding and hunter-gatherer tribes like the Maasai (in Kenya) the Tuareg (in Niger) the Mbuti (in Congo) and the San (in Southern Africa's Kalahari). These are peoples who have been displaced and oppressed (some have argued 'internally colonized') by "ethnically-unrelated African peoples who have been their neighbours for a thousand years and longer."³⁹ The above tribal groups identify themselves as being Indigenous and have attended United Nations forums on Indigenous Issues. Thus, for the purposes of this environmental scan, they will be thought of as Indigenous peoples.

7.2 Health Conditions

The lack of recognition of Indigenous peoples by many African states has affected the data that exists to carry out health projects. Little research has been conducted on Indigenous peoples' health and almost no peer-reviewed articles can be found on the health of Indigenous Africans.⁴⁰

What little health data exists shows that certain Indigenous groups like the Pygmies do not use primary health services because they cannot pay for consultations or medicines; do not have the documents and identity cards needed to travel or obtain hospital treatment, or are subjected to humiliating and discriminatory treatment.⁴¹

Tribal groups are comparatively self-reliant for health services, compared to the rest of the population in the countries in which they live. This has allowed many of these tribes to remain isolated from major epidemics that have affected other communities, like cholera, meningitis or even Ebola.⁴² However, as mining and logging have taken over forests where some tribes traditionally reside, original inhabitants are being pushed into more populated regions, where they have been increasingly exposed to new diseases like HIV/AIDS.⁴³ The belief that having

sexual intercourse with a Pygmy person can cure HIV/AIDS, has also led to increased infection rates among these Indigenous peoples.⁴⁴

All in all, very little epidemiological data exists on Indigenous peoples of Africa. More information needs to be gathered and assessed in order to get a better and more comprehensive picture of the health status of Africa's Indigenous peoples.

7.3 Academic Research

The Centre for Indigenous Knowledge Systems in Uganda was established in the year 2000. Among this centre's various research themes, one theme is to look at traditional medicine and Indigenous health systems, while another is to investigate Indigenous food systems. In addition to collecting, documenting and disseminating information, this centre places importance on education, training, capacity building and research & development.

On a regional level, the **African Resource Centre for Indigenous Knowledge** is dedicated to multidisciplinary research and documentation of activities of Africa's indigenous knowledge systems, which refers to the localized knowledge that is unique to particular African societies and groups, and that has been institutionalized and passed through many generations up to the present.

The **Kenya Medical Research Institute** has, as one of its 10 research centres, the Centre for Traditional Medicine and Drug Research. This centre studies the rationalization of traditional medicines in collaboration with traditional healers. It also evaluates plant drugs using medicinal phytochemistry, pharmacology and toxicology; and it looks at socio-cultural and anthropological aspects of traditional medicine. Among its various collaborators are the Wellcome Trust Collaborative Research Programme, the U.S. Centre for Disease Control and Prevention, and the Ministry of Health in Kenya.

In Uganda, Makerere University houses the autonomous **Makerere Institute of Social Research**, which was established in 1948. This centre promotes academic and policy-oriented research, and focuses on various areas like refugee problems; health policy and planning and food security. It also undertakes networking with related institutions globally, and has built a reputation for attracting local and international scholars.

The Canadian **Centre for Indigenous Peoples' Nutrition and Environment** has recently (2004-2005) conducted work on Indigenous peoples' traditional food systems methods for Africa. This project was funded by the Canadian Institutes for Health Research (CIHR).

7.4 Other Entities

In Tanzania, the ***Aang Serian-House of Peace*** is a non-profit organization that works with traditional medicines. Aang Serian is involved in one local research project where students learn from elders through ceremonies, histories and oral literature. Using this same approach, Aang Serian is developing more specialized research modules on traditional environmental and health care knowledge. The organization has also partnered up with the UN development program and another non-governmental organization to carry out research on medicinal and other uses of plants in two Maasai villages. It is also developing a medicinal plant hand-book. Research students are welcome to work together with this organization provided they adhere to certain requirements like attaining permission from village elders and adhering to international ethical guidelines. This organization wishes to link up with other Indigenous communities around the world, to share information or teaching materials as well as exchange visits.

Also in Tanzania, the ***Tanga Aids Working Group***, a non-governmental organization, is dedicated to caring for people with HIV/AIDS and reducing the spread of HIV. Established by health workers and traditional healers in 1992, this organization is now partnered with OXFAM Ireland. The organization collaborates with the Regional Medical Officer of the region, and aims to bridge the gap between traditional and modern medicine. The Tanga AIDS Working Group has one goal: to alleviate suffering from HIV/AIDS using indigenous knowledge.

The ***Tanzania Development Gateway*** is a web resource that houses the Tanzania Indigenous Knowledge Database, established to enhance sharing and dissemination of Indigenous Knowledge, experience and practices in the country. This web resource can serve as an excellent tool for researchers working in this region, who want to keep updated on new initiatives and on Indigenous-related publications.

There are a number of region-wide institutions that have worked with (or represent) Indigenous tribal groups of Africa. A key player in this region is the ***African Medical Research Foundation*** (AMREF), which has been in existence for nearly half a century. AMREF's mission is to improve the health of disadvantaged people in Africa as a means for them to escape poverty and improve the quality of their lives. Since Indigenous tribal groups of Africa are one of the most disadvantaged peoples in the continent, AMREF's work reaches out to them as well. AMREF has carried out the following programs with tribal groups in Africa: "The Maasai Trachoma Monitor Project" and "The Kajiado Boreholes Project." The latter project aims to improve access to water for nomadic communities and their herds of livestock. When it comes to research, the community comes to AMREF with their problems but most importantly, also with their solutions. AMREF often partners up other institutions like the London School of Hygiene and Tropical Medicine. Apart from its research and health care delivery programs AMREF aims to train health professionals from countries all over the African continent. The organization is proud that 97% of its staff is African. AMREF has offices in Europe, USA and Canada, whose main job is to raise funds for the many programs carried out in Africa.

In Africa there are also advocacy organizations that represent the interests Indigenous peoples. Examples are the ***African Indigenous and Minority Peoples Organization*** and the ***Indigenous Peoples of Africa Coordinating Committee***.

The Masai for Africa Campaign is an initiative being led by a Guelph-based Canadian academic, Dr. Anne-Marie Zadjik. Although not research-related, this campaign aims to raise funds to help support an HIV treatment clinic in Lesotho.

7.5 Government and Inter-Government Bodies

The **South African Research Foundation** has made Indigenous Knowledge Systems one of its research focus areas. The foundation has recognized the importance of traditional medicine and health. That is, knowledge systems that relate to the treatment of disease through connections with spirituality and the science of herbs and plants, and also of animal products. Indigenous food systems, is a further area of research that incorporates systems of food supply, processing and preservation.

The **South African Medical Research Council** has established the “Indigenous Knowledge Systems Lead Programme” which is undertaking the following initiatives, among others: clinical trials for traditional medicines, GIS mapping of traditional healers, the traditional healer training program and Indigenous Knowledge systems in AIDS research.

7.6 Key Documents

The following are some key articles that have been published in the field of indigenous health in the African region. Abstracts or extracts of these articles are found in Appendix II.

Ohenjo, N. *et al.* Indigenous health in Africa. *Lancet* 2006 **367**: 1937-46.

Wanzala P. *et al.* Perceptions of primary health care with regard to corresponding knowledge, attitude and practices amongst the Kenyan Maasai. *East Afr. Med J.* 2005 **82**: 24-27.

Burford G, Rafiki MY, Ngila LO. The forest retreat of orpul: a holistic system of health care practiced by the Maasai tribe of East Africa. *J Altern Complement Med.* 2001 **7**: 547-51.

Mulaudzi FM, Makhubela-Nkondo ON. Indigenous healers' beliefs and practices concerning sexually transmitted diseases. *Curations* 2006 **29**: 46-43.

Homsy J. *et al.* Defining minimum standards of practice for incorporating African traditional medicine into HIV/AIDS prevention, care, and support: a regional initiative in eastern and southern Africa. *Altern Complement Med.* 2004 **10**: 905-910.

Liddell C, Barrett L, Bydowell M. Indigenous representations of illness and AIDS in Sub-Saharan Africa. *Soc Sci Med* 2005 **60**: 691-700.

7.7 Web Sites

Academic Research

Burkina Faso

Burkina Faso Resource Centre for Indigenous Knowledge,
Dr. Basga E. Dialla, INNS, Director ,
B.P. 5154, Ouagadougou 02, Burkina Faso,
Tel: +226-360746 - Fax: +226-315003

Cameroon

Cameroon Indigenous Knowledge Organisation, Prof. C.N. Ngwasiri,
Director , P.O. Box 8437, Yaoundé, Cameroon
Tel: +237-322 181 - Fax: +237-322 181 / 430 813
E-mail: ngwasiri@camnet.cm

Ethiopia

Addis Ababa University
Faculty of Medicine – Ethiopia <http://www.aau.edu.et/faculties/coe/index.php?pageid=11>

Indigenous Resources Study Centre, Dr. Tesema Ta'a, Director ,
College of Social Sciences, Addis Ababa University,
P.O. Box 1176, Addis Ababa, Ethiopia
Tel/Fax: +251-1-550655

Ghana

Centre for Indigenous Knowledge Systems <http://www.cfiks.org/>

Kenya

Kenya Medical Research Institute <http://www.kemri.org/index.asp>

Kenya Resource Centre for Indigenous Knowledge, Dr. Rashid Aman,
The National Museums of Kenya, P.O. Box 40658,
Nairobi, Kenya, Tel: +254-2-742131 - Fax: +254-2-741424
E-mail: raman@africaonline.co.ke
University of Nairobi
Department of Health <http://www.uonbi.ac.ke/>

Madagascar

Madagascar Resource Centre for Indigenous Knowledge,
Ms. Juliette Ratsimandrava, B.P. 6224
Antananarivo 101, Madagascar
Fax: +261-2-32123/20422

Nigeria

African Resource Centre for Indigenous Knowledge
Prof. Adedotun Phillips, Director ,
Nigerian Institute of Social and Economic Research
PMB 5 - UI Post Office, Ibadan, Nigeria,
Tel: +234-22-400500 - Fax: +234-02-8101194
E-mail: arcik@niser.org.ng

Yoruba Resource Centre for Indigenous Knowledge
Dr. Bolanle Wahab, Correspondent
Centre for Urban and Regional Planning
University of Ibadan, Nigeria
email: egunjobi.wahab@ibadan.skannet.com

Sierra Leone

Centre for Indigenous Knowledge, Department of Sociology,
Fourah Bay College, University of Sierra Leone,
Freetown, Sierra Leone
Tel: + 232 22 7387

South Africa

Cape Town University – Faculty of Health Sciences <http://www.health.uct.ac.za/>

South African Resource Centre for Indigenous Knowledge,
Institute for Indigenous Theory and Practice,
PO Box 2355, Somerset West, 7129 South Africa,
Tel: + 27 21 854 32 99

Tanzania

Maasai Resource Centre for Indigenous Knowledge
Dr. Nathan Ole Lengisugi, Simanjiro Animal Husbandry Vocational Training Centre,
P.O. Box 3084, Arusha, Tanzania,
Fax: +255-57-8907
E-mail: multicho@yako.habari.co.tz

Muhimbili University College
College of Health Sciences - <http://www.muchs.ac.tz/>

Uganda

Makerere University - Makerere Institute of Social Research
<http://www.uganda.co.ug/misr/research.php>

Zimbabwe

Zimbabwe Resource Centre for Indigenous Knowledge
78 Kaguvi Street, New Book House, PO Box 4209
Harare, Zimbabwe
Tel: + 263 4 781 770/1 - Fax: + 263 4 751 202

Regional

Africa Midwives Research Network
c/o Faculty of Nursing, Muhimbili University College of Health Sciences,
P. O. Box 65004, Dar Es Salaam, Tanzania,
Tel: +255-51-153-506
Fax: +255-51-153-506
mailto:rmlay@muchs.ac.tz

African Resource Centre for Indigenous Knowledge <http://www.niser.org/arcik.htm>

Afro-Nets – African Networks for Health Research and Development
<http://www.afronets.org/index.php>

Centre for Indigenous Peoples' Nutrition and Environment <http://www.cine.mcgill.ca/>

Other Entities

Congo

National League of Indigenous Pygmy Associations of the Congo
Avenue Kwango n. 7, Kinshasa- Kintambo, B.P. 10306 Kinshasa 1,
Republique Democratique du Congo,
Tel: 0024 39866 8491
E-mail: linapyco@yahoo.fr

Tanzania

Aang Serian <http://www.aangserian.org.uk/tradmedicines.htm>

Tanga Aids Working Group <http://www.tawg.net/>

Tanzania Development Gateway – Economic and Social Research Foundation
<http://www.tanzaniagateway.org/ik/publication.asp>

Tanzania Food and Nutrition Centre, Contact: Managing Director,
22 Ocean Road, P.O. Box 922, Tanzania,
Tel: +255-22-2118137/9 - Fax: +255-22-2116713
e-mail: tfnc@muchs.ac.tz

Regional

African Indigenous and Minority Peoples Organization
BP 3437, Kigali, Rwanda,
Tel: + 250 0857 0524 - Fax: + 250 575 010
E-mail: aimpo@yahoo.fr

African Medical Research Foundation - <http://www.amref.org/>

Federation Africaine des Autochtones Pygmees
242, av. P. Lumumba, Bukavu, Sud Kivu, Congo
Fax: + 871 761 916 725

Indigenous Peoples of Africa Coordinating Committee <http://www.ipacc.org.za/>

Maasai Environmental Resource Coalition <http://www.maasaierc.org/>

The Kemri-Wellcome Trust <http://www.kemri-wellcome.org/>

The Masai Centre for Local, Regional and Global Health <http://www.masaicentre.ca/index.html>

World Bank - Indigenous Knowledge Program <http://www.worldbank.com/afr/ik/what.htm>

Government and Inter-Government Bodies

Nigeria

Nigerian Institute of Medical Research <http://www.nimr-ng.org/html/NIMR-home.htm>

Sierra Leone

Medical Research Centre
P.O. Box 80 Bo, Sierra Leone
Tel: +232 -76-68-5977

South Africa

National Research Foundation – Indigenous Knowledge Systems
<http://www.nrf.ac.za/focusareas/iks/>

South African Medical Research Council <http://www.mrc.ac.za/iks/iksclinical.htm>

Tanzania

National Medical Resource Institute <http://www.nimr.or.tz/>

Zimbabwe

Medical Research Council of Zimbabwe <http://www.mrcz.org.zw/>

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17. Ian Anderson, Sue Crengle, Martina Leialoha Kamaka, Tai-Ho Chen, Neal Palafox and Lisa Jackson-Pulver. Indigenous Health in Australia, New Zealand, and the Pacific. *The Lancet*. Vol. 367 (May 2006): 1778
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43. IRIN In-Depth. Minorities Under Siege – Pygmies today in Africa (April 2006): 8
44. IRIN In-Depth. Minorities Under Siege – Pygmies today in Africa (April 2006): 8

Appendix A - International

Academic Research

Burnet Institute - Centre for International Health
<http://www.burnet.internationalhealth.edu.au/home>

Canadian Coalition for Global Health Research - Global Indigenous Health Task Group
http://www.ccghr.ca/default.cfm?content=tg_indigenous&lang=e&subnav=task_groups

Center for World Indigenous Studies <http://www.cwis.org/index.htm>

Global Forum for Health Research <http://www.globalforumhealth.org/>

Global Health Action <http://www.globalhealthaction.org/about.html>

Global Health Resource Center <http://depts.washington.edu/ghrc/index.html>

Grand Challenges in Global Health <http://www.gcgh.org/>

Institute for Global Health <http://www.igh.ucsf.edu/>

International Arctic Science Committee <http://www.iasc.se/>

International Arctic Social Sciences Association <http://www.iassa.gl/index.htm>

International Collaborative Indigenous Health Research Partnerships on Resilience –
(Participating Countries are: Canada, New Zealand and Australia) <http://www.cihr-irsc.gc.ca/e/22241.html>

International Network of Indigenous Health Knowledge and Development (INIHKD)
<http://www.inihkd.org/>

International Network for Circumpolar Health Research <http://www.inchr.org/>

International Society for Equity and Health <http://www.iseqh.org/>

McGill University, Canada - Centre for Indigenous Peoples' Nutrition and Environment
<http://www.cine.mcgill.ca/>

McGill University, Canada – Faculty of Medicine – McGill Global Health
<http://www.thinresidency.com/cms/index.cfm?m=1&sm=1>

Population Council <http://www.popcouncil.org/index.html>

The George Institute for International Health <http://www.thegeorgeinstitute.org/>

The University of New South Wales, Australia – International & Global Public Health
<http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/InternationalGlobal>

University of Melbourne - Australian International Health Institute
<http://www.aihi.unimelb.edu.au/index.html>

University of Michigan, United States – Global Health Research and Training Initiative
<http://www.sph.umich.edu/ghrt/>

Other Entities

Bill and Melinda Gates Foundation <http://www.gatesfoundation.org/GlobalHealth/>

Child and Family Health International http://www.cfhi.org/program_intro.php4

Family Care International <http://www.familycareintl.org/index.php>

Ford Foundation <http://www.fordfound.org/>

Global Health Council <http://www.globalhealth.org/>

GlobalHealthReporting.org <http://www.globalhealthreporting.org/>

Global Health Watch <http://www.ghwatch.org/index.php>

Health Unlimited <http://www.healthunlimited.org/home.html>

International Work Group for Indigenous Affairs - <http://www.iwgia.org/>

Open Society Institute – Soros Foundation Network – Health
<http://www.soros.org/initiatives/issues/health>

People’s Health Movement <http://phmovement.org/>

Rockefeller Foundation – Health <http://www.rockfound.org/iandr/Health>

Skillshare International <http://www.skillshare.org/index.htm>

The Commonwealth Fund <http://www.cmwf.org/index.htm>

The International Development Research Centre http://www.idrc.ca/index_en.html

The International Society for Quality in Health Care <http://www.isqua.org.au/>

The International Union for Circumpolar Health <http://www.iuch.org/>

The International Union for Health Promotion and Education <http://www.iuhpe.org/>

Government and Inter-Government Bodies

Canadian Institutes of health research – Global Health <http://www.cihr-irsc.gc.ca/e/31226.html>

Canadian International Development Agency – Health <http://www.acdi-cida.gc.ca/health.htm>

Office of Global Health Affairs, United States <http://www.globalhealth.gov/>

The Fogarty International Centre for Advanced Study in the Health Sciences, United States - <http://www.fic.nih.gov/>

United Nations Permanent Forum <http://www.un.org/esa/socdev/unpfii/>

World Health Organization – Health Services, Indigenous http://www.who.int/topics/health_services_indigenous/en/

Appendix B – Selected Abstracts

Asia

1) Ritu Sadana, Carol D'Souza, Adnan A Hyder and A Mushtaque R Chowdhury. Importance of health research in South Asia. *British Medical Journal* 2004; **328**: 826-30.

Extract: Research is essential to guide improvements in health systems and develop new initiatives.¹ South Asia has a quarter of the world's population, weak public sector health care, and a staggering disease burden, and thus research is particularly important. Although investment has increased in infrastructure for health research over the past decade, gaps remain in evidence to guide reduction of important problems such as communicable diseases, maternal and perinatal conditions, childhood diseases, and nutritional deficiencies.² Furthermore, even when technical knowledge is available, political commitment, managerial competencies, and incentives for changing behaviour within health systems are often lacking.³⁻⁵

2) Edwards NC & Roelofs SM. Sustainability: the elusive dimension of international health projects. *Canadian Journal of Public Health* (Jan-Feb 2006) **97**: 45-9

Abstract: Objective: The Canada-China Yunnan Maternal and Child Health Project (1997-2003) sought to improve the quality of village life and promote development of productivity and social prosperity in Yunnan province, China. Participants: The project targeted grassroots maternal and child health workers: new and in-service village doctors; traditional village midwives; doctors at township health centres; doctors at county maternal and child health hospitals; and provincial health staff. Setting: Ten impoverished counties (population 2.2 million) in Yunnan province with high proportions of ethnic minority populations. Intervention: There were three major innovations: training grassroots maternal and child health workers in participatory and community-based approaches and clinical skills; designing a model comprehensive referral system including provision of basic equipment; and introducing participatory monitoring and evaluation methods. Strategies to support sustainability were built into the project from the outset. Outcomes: Over 4,000 village, township, and county health workers received training. Maternal, infant, and under-five mortality rates declined over 30% in project counties. Project innovations were disseminated throughout the province, into other donor-funded initiatives, and integrated into national health projects by local partners. Conclusion: Maintaining the long-term benefits of international health interventions depends on sustaining innovations beyond short project timelines. Achieving sustainability poses a conundrum to implementing agencies. Three mechanisms influenced uptake in the Yunnan project: maintaining a good fit between core project elements and the existing health system; developing adequate organizational supports; and creating a handover plan from the outset. This project highlights some of the ways in which sustainability can be operationalized.

3) Ali Asgar & A Behranwala. Health in South Asia: Research cannot be funded when health itself has low priority. *British Medical Journal* 2004 **328**: 1497

Extract: EDITOR— In the theme issue on health in South Asia Sadana et al analysed the lack of health research in South Asian countries. Health is given the least priority in annual budgets. In a country such as India, which has a population of over 1 billion, the health budget is less than 2% of the total budget. This obviously affects the delivery of primary care, so where would be the funding for research?

The health system in South Asian countries is run mainly by the private sector. The private sector is driven by economics, so funds for research are again low. Vast numbers of patients go

through the private health sector. Only proper collection of data would provide the clinical data that could then be used to devise protocols for managing different illnesses. Thus in the long run a healthier population would result. This would also decrease the burden on the health system of these countries.

4) Zulfiqar Bhutta, Samiran Nundy & Kamran Abbasi. Is there hope for South Asia? *British Medical Journal* 2004 **328**: 777-778

Extract: Two years turned the Indian subcontinent into South Asia. Between 14 August 1947 and 4 February 1948, India, Pakistan (its eastern part would later become Bangladesh), and Sri Lanka all gained independence from the British Empire. Amid the optimism of independence, the new states were comparable in population health and development indicators. Their progress since has been different. This issue of the *BMJ* maps out the extent of the region's myriad difficulties. Non-communicable and communicable diseases ravage South Asia (see pp 781, 794, 807, 811). Tobacco and pharmaceutical industries are exploiting weak legislation to nurture new markets (pp 778, 780, 801). There is little pride in the progress of surgery (p 782), health research (p 826), or postgraduate education (p 779). Yet one challenge dwarfs all these: the desperate state of maternal and child health...

Arctic

1) Nancy K. McGrath-Hanna, Dana M. Greene, Ronald J. Tavernier & Abel Bult-Ito. Diet And Mental Health In The Arctic: Is Diet An Important Risk Factor For Mental Health In Circumpolar Peoples? – A Review. *International Journal of Circumpolar Health* 2003; 62: 228-241.

BACKGROUND: The people living in Arctic and Subarctic environments have adapted to cold temperatures, short growing seasons, and low precipitation, but their traditional ways are now changing due to increased contact with Western society. The rapid alteration of circumpolar cultures has led to generational changes in diet from traditional foods to the processed groceries common in modern stores. OBJECTIVES: Develop a link between changing traditional diets and mental health that may have substantial consequences for circumpolar peoples. METHODS: Review of English language literature pertaining to the northern circumpolar environments of the world that consist of the Arctic and Subarctic areas. Electronic resources such as ISI Web of Science and PubMed were utilized, using keywords such as arctic, circumpolar, diet, omega-3 fatty acids, mental health, seasonal affective disorder, and suicide. In addition, we used the cited references of obtained articles and the extensive University of Alaska Fairbanks library collections to identify additional publications that were not available from the electronic resources. The years covered were not restricted to any particular period, although 83% of the sources were published in the last 16 years. CONCLUSION: The change in traditional diets has already led to increased health problems, such as obesity, cardiovascular disease, and diabetes, while the mental health of circumpolar peoples has also declined substantially during the same time period. The decline in mental health is characterized by increased rates of depression, seasonal affective disorder, anxiety, and suicide, that now often occur at higher rates than in lower-latitude populations. Studies in non-circumpolar peoples have shown that diet can have profound effects on neuronal and brain development, function, and health. Therefore, we hypothesize that diet is an important risk factor for mental health in circumpolar peoples.

2) [Smith HS](#), [Bjerregaard P](#), [Chan HM](#) et al. Research with Arctic peoples: unique research opportunities in heart, lung, blood and sleep disorders - Working group summary and recommendations. *International Journal of Circumpolar Health* 2006; 65(1): 79-90.

Abstract: Arctic peoples are spread over eight countries and comprise 3.74 million residents, of whom 9% are indigenous. The Arctic countries include Canada, Finland, Greenland (Denmark), Iceland, Norway, Russia, Sweden and the United States. Although Arctic peoples are very diverse, there are a variety of environmental and health issues that are unique to the Arctic regions, and research exploring these issues offers significant opportunities, as well as challenges. On July 28-29, 2004, the National Heart, Lung, and Blood Institute and the Canadian Institutes of Health Research co-sponsored a working group entitled "Research with Arctic Peoples: Unique Research Opportunities in Heart, Lung, Blood and Sleep Disorders". The meeting was international in scope with investigators from Greenland, Iceland and Russia, as well as Canada and the United States. Multiple health agencies from Canada and the United States sent representatives. Also attending were representatives from the International Union for Circumpolar Health (IUCH) and the National Indian Health Board. The working group developed a set of ten recommendations related to research opportunities in heart, lung, blood and sleep disorders; obstacles and solutions to research implementation; and ways to facilitate international comparisons. These recommendations are expected to serve as an agenda for future research.

3) Bjerregaard P, Young TK, Dewailly E & Ebbesson SO. Indigenous health in the Arctic: an overview of the circumpolar Inuit population. *Scandinavian Journal of Public Health* 2004; 32(5): 390-395. Centre for Health Research in Greenland, National Institute of Public Health, Copenhagen, Denmark. p.bjerregaard@dadlnet.dk

Abstract: The health of the Inuit has undergone substantial changes over the past five centuries, as a result of social, cultural, and economic changes brought about by interactions with Europeans. This process was accelerated considerably in the second half of the twentieth century. The incidence of infectious diseases has declined considerably but is still high compared with Western societies. Chronic diseases such as diabetes and cardiovascular disease are on the increase, while accidents, suicides, violence, and substance abuse are of major importance for the pattern of ill health in most Inuit communities. Lifestyle changes, social change, and changes in society and the environment are major determinants of health among the Inuit.

Africa

1) Ohenjo, N. *et al.* Indigenous health in Africa. *Lancet* 2006 **367**: 1937-46. Lesada Communications Network, Kenya.

BACKGROUND: Our paper is part of a series focusing on Indigenous peoples' health in different world regions. Indigenous peoples worldwide are subject to marginalisation and discrimination, systematically experiencing poorer health than do majority groups. In Africa, poor health in the general population is widely recognised, but the consistently lower health position and social status of Indigenous peoples are rarely noted. Disputed conceptual understandings of indigeneity, a history of discriminatory colonial and post-colonial policies, and non-recognition of Indigenous groups by some governments complicate the situation. We discuss two case studies, of the central African Pygmy peoples and the San of southern Africa, to illustrate recurring issues in Indigenous health in the continent. We make recommendations for the recognition of Indigenous peoples in Africa and improvements needed in the collection of health data and the provision of services. Finally, we argue that wider changes are needed to address the social determinants of Indigenous peoples' health.

2) Wanzala P. *et al.* Perceptions of primary health care with regard to corresponding knowledge, attitude and practices amongst the Kenyan Maasai. *East Afr. Med J.* 2005 **82**: 24-27. Kenya Medical Research Institute, Center for Public Health Research. P.O. Box 20752-00202, Nairobi.

OBJECTIVES: In order to introduce a comprehensive intervention system to improve health, there is need to establish a profile of the Maasais' current knowledge, attitude and practices of predisposing environmental, cultural and other factors which may lead to considerable health risks. **DESIGN:** A descriptive retrospective cross-sectional study. **SETTING:** Oletepesi and Elangata Wuas of Kajiado District. **SUBJECTS:** Maasai community in Oletepesi and Elangata Wuas regions of Kajiado District of Kenya over a period of two years. **RESULTS:** Previous awareness to primary health care and knowledge has been through education and training by AMREF Nomadic Health Unit. Factors such as limited availability of water, health care delivery and dry arid environment with poor infrastructure as well as some persistent harmful cultural practices predispose the Maasai community to common health problems in children and adults. **CONCLUSION:** With community participation, there is need for an integrated approach to these health risks. The Ministry of Health together with AMREF have incorporated a comprehensive intervention system to address the commonly occurring diseases such as malaria, diarrhoea and pneumonia and address adults and children problems differently.

3) Burford G, Rafiki MY, Ngila LO. The forest retreat of orpul: a holistic system of health care practiced by the Maasai tribe of East Africa. *J Altern Complement Med.* 2001 **7**: 547-51. Global Initiative for Traditional Systems (GIFTS) of Health, University of Oxford, United Kingdom.

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BACKGROUND: The orpul healing retreat practiced by the Maasai of East Africa, in which decoctions of medicinal plants are taken with large quantities of meat, provides an example of a holistic indigenous system of primary health care. Most of the plants utilized in orpul medicines by the Maasai of Eluwaii, northern Tanzania, have already been empirically demonstrated to possess pharmacologic activities *in vitro* and/or *in vivo*. In addition, the songs, meditation, and prayers that form part of the orpul experience are likely to contribute significantly to recovery, particularly in the case of psychosomatic and stress-related illness. This community-based health practice should be preserved and evaluated.

4) Mulaudzi FM, Makhubela-Nkondo ON. Indigenous healers' beliefs and practices concerning sexually transmitted diseases. *Curations* 2006 **29**: 46-43. University of Pretoria, P.O. Box 667, Department of Nursing, Pretoria. mavis.mulaudzi@up.ac.za

BACKGROUND: A Grounded Theory study has been used, based on its Theory of Symbolic Interactionism, to explore indigenous healers' beliefs and practices concerning sexually transmitted diseases amongst the Vhavenda. Initial data collection has been done, using purposive sampling and when categories started emerging, theoretical sampling was then used. Data were analysed by using three basic types of coding namely, open coding, axial coding and selective coding. The findings of the study revealed a variety of terms used to identify STDs. It then also became evident that there are similarities between gonorrhoea, syphilis and condylomata as shown in the orthodox sexually transmitted diseases posters used in orthodox medicine with some of the STDs that the indigenous healers are familiar with. In accordance with the Grounded Theory, the description of types of diseases, disease patterns as well as signs and symptoms culminated in the emergence of the Dirt Theory. Based on the above findings, it was recommended that guidelines for designing a module for teaching health

professionals be formulated to assist nurses in understanding the beliefs and practices of the people they serve.

5) Homsy J. *et al.* Defining minimum standards of practice for incorporating African traditional medicine into HIV/AIDS prevention, care, and support: a regional initiative in eastern and southern Africa. *Altern Complement Med.* 2004 **10**: 905-910. Traditional and Modern Health Practitioners Together Against AIDS and Other Diseases, Kampala, Uganda.

jaco251099@capp.ch

BACKGROUND: In many resource-poor settings of Africa, a majority of people living with HIV/AIDS depend on and choose traditional healers for psychosocial counseling and health care. If the current pan-African prevention and care efforts spurred by the HIV pandemic do not actively engage African Traditional Medicine, they will effectively miss 80%, the vast majority of the African people who, according to the World Health Organization, rely on traditional medicine for their primary health care needs. In 2001, the Ugandan nongovernmental organization, Traditional and Modern Health Practitioners Together Against AIDS and Other Diseases, in Kampala, identified the need for a concerted, systematic, and sustained effort at both local and regional levels to support and validate African Traditional Medicine on several fronts. The Eastern & Southern Africa Regional Initiative on Traditional Medicine and AIDS was borne out of this assessment. It convened a regional consultation in May 2003, which produced a series of proposed standards around six main themes related to traditional medicine and HIV/AIDS: the systematic evaluation of traditional remedies; spiritual aspects of healing; HIV prevention and care; processing and packaging of traditional remedies; protection of indigenous knowledge; and intellectual property rights related to traditional health systems. These standards, summarized in this paper, will be incorporated into programs on traditional medicine and HIV/AIDS by various implementers in the region. A number of strategies to test and implement these recommendations are also defined.

6) Liddell C, Barrett L, Bydowell M. Indigenous representations of illness and AIDS in Sub-Saharan Africa. *Soc Sci Med* 2005 **60**: 691-700. School of Psychology, University of Ulster, Cromore Road, Coleraine, Northern Ireland. c.liddell@ulster.ac.uk

BACKGROUND: Cultures all over the world have evolved illness representations that can accommodate not only new diseases, but also new epistemologies for explaining disease. This paper examines illness representations in Sub-Saharan Africa, and how these have responded to the emergence of AIDS. Indigenous views of illness (particularly STDs) exhibit coherent structure, in which causation, prevention and treatment relate to one another in functional ways. As an STD, an epidemic, and a disease which leads to premature death, AIDS lends itself readily to accommodation into established indigenous representations of illness. Even biomedical views of causation can be readily incorporated into traditional views of how illnesses are caused. However, biomedical and traditional views concerning prevention appear to be in direct conflict with one another, with potentially hazardous consequences. Research exploring the extent to which indigenous beliefs may be influencing people's decisions about safe sex could offer useful insights for AIDS prevention programs.

Latin America and the Caribbean

1) Alarcon AM, Astudillo P, Barrios S, Rivas E. [Intercultural health care policy from the perspective of health care providers and Mapuche clients] [article in Spanish] *Rev Med Chil.*

2004; **132**: 1109-14. Departamento de Salud Pública, Facultad de Medicina, Universidad de La Frontera, Temuco, Chile. amalarc@ufro.cl

BACKGROUND: Intercultural health is becoming an emergent topic in the design of health care programs for Mapuche people of Chile. This process faces important challenges such as the scarce theoretical support about the meaning of intercultural health and their practical consequences for providers and clients. **AIM:** To explore the perception in providers and Mapuche clients about intercultural health. **MATERIAL AND METHODS:** A survey performed in 11 counties with the highest concentration of Mapuche people, of the IX region of Chile. The perception about the development of a new health policy specially designed for Mapuche patients was surveyed in 399 Mapuche patients and 64 providers of primary health care centers. **RESULTS:** Mapuche clients considered, as the main regional challenges, the indifference and discrimination of health care teams towards Mapuche patients, aggravated by the indifference of authorities. Providers considered that the main problem was a lack of knowledge about Mapuche culture and skills to deal with this ethnic group. Patients and providers agreed on the need to use Mapuche dialect in health care attentions, to coordinate actions with traditional healers and to accept ethnical therapeutic practices. **CONCLUSIONS:** There is scarce agreement between providers and Mapuche clients about the need for an special intercultural health policy, its contents, and the regional conditions for its implementation and development.

2) Duarte-Gomez MB, Brachet-Marquez V, Campos-Navarro R, Nigenda G. [National health policies and local decisions in Mexico: the case of an intercultural hospital in Cuetzalan, Puebla] [article in Spanish] *Salud Publica Mex* 2004; **46**:388-98. Instituto Nacional de Salud Pública, Cuernavaca, Morelos, Mexico. maria_beatriz_duarte@hotmail.com

OBJECTIVE: To identify the changes brought about by various national and international factors in an intercultural hospital of the municipality of Cuetzalan, Puebla. **MATERIAL AND METHODS:** A case study was conducted during 2000 and 2001 in two Intercultural Hospitals of Mexico; the Cuetzalan Hospital in Puebla and the Jesus Maria Hospital in Nayarit State. Data were collected by means of 72 semi-structured interviews with allopathic therapists, indigenous therapists, and authorities of the different health care levels. Moreover, documental research was carried out on national policies for indigenous peoples as well as on indigenist policies. These policies were related with the five organizational stages of the hospital. State authorities gave their permission and interviewees signed informed consent. **RESULTS:** The hospital was created in 1958 by the Ministry of Health as a biomedical institution, in agreement with the integrationist indigenist policies going on at the time. It remained so during the beginning of the administration by the National Indigenist Institute. In 1990, the new participative indigenist policy trends and the creativity and sensitivity of some authorities, under the influence of international strategies, helped to transform the hospital into an Intercultural Hospital (offering both types of medicine, indigenous and allopathic) with regional coverage. In 2000, the devolution of the hospital to the State Ministry of Health, based on financial rather than socio-cultural considerations, caused the temporary loss of its intercultural character. The last stage as an Integral Hospital with Traditional Medicine (from 2003 onwards) was due to a combination of state official initiatives and the new political stance acquired by the Mexican indigenous movement. The hospital is now part of a regional project of five such hospitals officially denominated Integral Hospitals with Traditional Medicine, to be financed by the Puebla-Panama Plan of regional development. **CONCLUSIONS:** Our results confirmed that health organizations follow a historical process in which selected national and international forces open opportunities to promote intercultural health models that respond to the needs of indigenous populations. Despite the formerly held belief that traditional and scientific medicines were incompatible, this

study demonstrates the viability of intercultural health care models that may become a real possibility in the country, based on new conventions to establish alternative and intercultural health services, thereby setting an example for other regions and countries. The English version of this paper is available at: <http://www.insp.mx/salud/index.html>

3) Ehrenberg JP, Ault SK. Neglected diseases of neglected populations: thinking to reshape the determinants of health in Latin America and the Caribbean. *BMC Public Health* Nov 11 2005: 119. Area of Disease Prevention and Control, Pan American Health Organization/World Health Organization, Washington, DC 20037, USA. ehrenbej@paho.org

BACKGROUND: People living in poverty throughout the developing world are heavily burdened with neglected communicable diseases and often marginalized by the health sector. These diseases are currently referred to as Neglected Diseases of Neglected Populations. The neglected diseases create social and financial burdens to the individual, the family, the community, and the nation. **DISCUSSION:** Numerous studies of successful individual interventions to manage communicable disease determinants in various types of communities have been published, but few have applied multiple interventions in an integrated, coordinated manner. We have identified a series of successful interventions and developed three hypothetical scenarios where such interventions could be applied in an integrated, multi-disease, inter-programmatic, and/or inter-sectoral approach for prevention and control of neglected diseases in three different populations: a slum, an indigenous community, and a city with a mix of populations. **SUMMARY:** The objective of this paper is to identify new opportunities to address neglected diseases, improve community health and promote sustainable development in neglected populations by highlighting examples of key risk and protective factors for neglected diseases which can be managed and implemented through multi-disease-based, integrated, inter-programmatic, and/or inter-sectoral approaches. Based on a literature review, analysis and development of scenarios we visualize how multiple interventions could manage multiple disease problems and propose these as possible strategies to be tested. We seek to stimulate intra- and inter-sectoral dialogue which will help in the construction of new strategies for neglected diseases (particularly for the parasitic diseases) which could benefit the poor and marginalized based on the principle of sustainability and understanding of key determinants of health, and lead to the establishment of pilot projects and activities which can contribute to the achievement of the Millennium Development Goals.

4) Montenegro R, Stephens C. Indigenous health in Latin America and the Caribbean. *The Lancet* 2006; **367**: 1859-69. Universidad Nacional de Cordoba, Facultad de Psicologia, Cordoba, Argentina. montenegro@funam.org.ar

Extract: This review is the second in a series on Indigenous health, covering different regions and issues. We look briefly at the current state of Indigenous health in Latin America and the Caribbean, a region with over 400 different indigenous groups and a total population of 45 to 48 million people. We describe the complex history and current reality of Indigenous peoples' situation within the American continent. We discuss the importance of Indigenous health systems and medicines, and look at changing political environments in the region. The paper concludes with a discussion of the changing political and legislative environment in Latin American countries.

5) Perafan C, Savedoff W. Indigenous Peoples and Health: Issues for Discussion and Debate. Working Paper. Inter-American Development Bank, Sustainable Development Department, Indigenous Peoples and Community Development Unit. 2001: 1-11. Retrieved from *Google Scholar* on August 15, 2006. Please direct comments to carlospe@iadb.org

Background: None available; please refer to article itself.

Australia and New Zealand

1) Anderson, I et al. Indigenous health in Australia, New Zealand, and the Pacific. *The Lancet* 2006; **367**:1775-85 Onemda VicHealth Koori Health Unit, Centre for Health and Society, School of Population Health, University of Melbourne, Australia. ipa@unimelb.edu.au

Abstract: We survey Indigenous health issues across the Pacific with a case study approach that focuses on Australia, New Zealand, Hawai'i, and US Associated Micronesia. For each case study, we provide an overview of the Indigenous population, its colonial history, and current health and social outcomes. In the discussion that follows, we flag some of the key policy initiatives that have been developed to address Indigenous health disadvantage, albeit within the context of continuing debates about Indigenous rights and policy.

2) Smylie J et al. Indigenous health performance measurement systems in Canada, Australia, and New Zealand. *The Lancet* 2006; **367**: 2029-31 Department of Community Health and Epidemiology, University of Saskatchewan, Canada. jk.smylie@usask.ca

Abstract: The worldwide use of health performance measurement has emerged over the past two decades. Health service managers try to improve efficiency and outcome by linking cycles of evaluation to clear and measurable objectives. The World Health Organization (WHO) has defined three principal goals for health-care systems as: contributing to good health, responsiveness to the expectations of the population, and fairness of financial contribution. In Canada, Australia, and New Zealand the extent of Indigenous health disadvantage is well documented. Accordingly, expectations that the development of health performance measurement systems in these nations would give some priority to Indigenous health are reasonable. We discuss here the issues in health performance measurement systems in Indigenous societies within a human rights framework.

3) Ellison-Loschmann L, Pearce N. Improving access to health care among New Zealand's Maori population. Centre for Public Health Research, Massey University, Wellington Campus, Private Box 756, Wellington, New Zealand. i.ellison-loschmann@massey.ac.nz

Abstract: The health status of indigenous peoples worldwide varies according to their unique historical, political, and social circumstances. Disparities in health between Maoris and non-Maoris have been evident for all of the colonial history of New Zealand. Explanations for these differences involve a complex mix of components associated with socioeconomic and lifestyle factors, availability of health care, and discrimination. Improving access to care is critical to addressing health disparities, and increasing evidence suggests that Maoris and non-Maoris differ in terms of access to primary and secondary health care services. We use 2 approaches to health service development to demonstrate how Maori-led initiatives are seeking to improve access to and quality of health care for Maoris.

4) van Holst Pellekaan SM, Clague L. Toward health and wellbeing for indigenous Australians. *Postgrad Med J.* 2005; **81**: 618-24. School of Biotechnology and Biomolecular Sciences, University of New South Wales, Kensington, NSW 2052, Australia. s.vanholst@unsw.edu.au

Abstract: The health of indigenous Australians remains well below that of non-indigenous Australians and indigenous peoples in Canada and New Zealand. Although recent planning has

initiated many outstanding, culturally appropriate programmes with indigenous involvement, health statistics only reflect marginal improvement in recent years. It is crucial that positive programmes are sustained with appropriately directed funding. An approach that includes respect for the emotional and spiritual wellbeing of Australia's indigenous peoples will assist to redress some of the disadvantage caused by dispossession of country, language, and identity. It is clear from many programmes that are in place, that primary health care delivered locally through community controlled organisations, will minimise the impact of serious illnesses that currently threaten whole families and communities. Westernized health care systems are slow to learn from indigenous peoples in Australia and other places, that maintenance of wellness, not management of illness should be the goal.

5) Hefford M, Campton P, Foley J. Reducing health disparities through primary care reform: the New Zealand experiment. *Health Policy* 2005; **72**: 9-23. Hutt Valley District Health Board, Private Bag 31-907, Lower Hutt, New Zealand. loafer@clear.net.nz

Abstract: New Zealand experiences significant health disparities related to both ethnicity and deprivation; the average life expectancy for Maori New Zealanders is 9 years less than for other New Zealanders. The government recently introduced a set of primary care reforms aimed at improving health and reducing disparities by reducing co-payments, moving from fee-for-service to capitation, promoting population health management and developing a not for profit infrastructure with community involvement to deliver primary care. Funding for primary care visits will increase by some 43% over 3 years. This paper reviews policy documents and enrollment and payment data for the first 15 months to assess the likely impact on health disparities. The policy has been successfully introduced; over half the New Zealand population (of four million) enrolled in new Primary Health Organizations within 15 months. Over 400,000 people (half of them in vulnerable groups) gained improved access to primary care subsidies in the first 15 months. The combined effect of new payment rules and the deprived nature of the minority populations was that the average per person payment to PHOs on behalf of Maori and Pacific enrollees was more than 70% greater than the per person amount for other ethnicities for the period. The policy is consistent with the principles of the Alma Alta Declaration. Barriers to successful implementation include the risk of middle class capture of the additional funding; the risk that co-payments are not low enough to improve access for the poor; PHO inexperience; and the small size of many PHOs. Transitional equity and efficiency issues with the use of aggregate population characteristics to target higher subsidies are being ameliorated by the introduction of low cost access based on age. A tension between the twin policy goals of low cost access for all, and very low cost access for the most vulnerable populations is identified as a continuing and unresolved policy issue.

North America

1) O'Neil, J.D.; Reading, J.; Bartlett, J.G.; Young, T.K.; Kaufert, J.M. Integrating A Focus on Aboriginal Health Research in the Development of the Canadian Institutes of Health Research: A Concept Paper. Report September 1999 for Social Science and Humanities Research Council

2) Reading, J. The Canadian Institutes of Health Research, Institute of Aboriginal People's Health: a global model and national network for Aboriginal health research excellence. *Can J Public Health* 2003; **94**: 185-9. CIHR-Institute of Aboriginal Peoples' Health, 100 College Street, Room 207-B, Banting Institute, Faculty of Medicine, University of Toronto, Toronto, ON M5G 1L5. j.reading@utoronto.ca

Abstract: Like Dr. J.A. Amyot, a pioneer in preventive medicine, the Canadian Institutes of Health Research Institute of Aboriginal People's Health (CIHR-IAPH) is a pioneer in Aboriginal health research. We are one of the 13 founding Institutes of the Canadian Institutes of Health Research. Our vision is to enhance the well-being of First Nations, Inuit and Metis people in Canada by supporting innovative research programs that are based on scientific excellence and community cooperation. Our mission is to improve the health and well-being of Aboriginal people. To do this, we must build research capacity among Aboriginal communities in Canada and in indigenous communities around the world by forming alliances and partnerships in the global health research arena. Our goals are ambitious. Yet we are faced with many challenges.

2) O'Neil, J.D.; Elias, B.; Wastesicot, J. Building a Health Research Relationship Between First Nations and the University of Manitoba. Canadian Journal of Public Health, Volume 96, Issue Supplement 1 (S1-2)

Abstract: This paper describes the emergence of a formal partnership between Manitoba First Nations and researchers in the Department of Community Health Sciences at the University of Manitoba. This partnership reflects two decades of a working relationship in Manitoba involving university researchers and First Nations communities, as well as new and innovative approaches to developing organizations, training initiatives and projects that strengthen First Nations principles of governance. The emerging trust that has developed between the Manitoba First Nations and the University has made it possible to extend this partnership into building further research capacity and evidence-based decision making among First Nations. Discussions between the Assembly of Manitoba Chiefs and the Northern Health Research Unit resulted in the development of a Manitoba First Nations Centre for Aboriginal Health Research. Its mission is to initiate, coordinate and support research activities designed to assist First Nations and Aboriginal communities and organizations in their efforts to promote healing, wellness and improved health services in their communities. Much of the health research described in this journal was facilitated through this partnership, which demonstrated the value of partnerships and new funding opportunities to better address the health information needs of First Nations communities, particularly at a time when Aboriginal communities were highly skeptical of the value of academic research.

3) Elias B, O'Neil J, Sanderson D. The politics of "trust and participation": A case study of developing First Nations and university capacity to build health information systems, Journal of Aboriginal Health, Vol. 1 (1), 2004

Abstract: Recent success of First Nations involvement in health information management is establishing the social and cultural structures necessary to build trust and participation, produce counter knowledges that decolonize the health of First Nations Peoples, develop new forms of health information systems directed at First Nations wellness, and create new institutional research partnerships that could further enhance health information development and educational opportunities. This success is illustrated through a number of initiatives jointly developed and managed by Manitoba Chiefs Health Information and Research Committee. Alternative discourses are possible. Resistance in the form of counter discourses can produce new knowledge, speak new truths and constitute new powers such as First Nations ownership, control, access and possession of health information. In this new environment, non-Aboriginal researchers and governments will have to recognize that any work involving Aboriginal Peoples will occur in the context of resistance to colonization. However, that such resistance creates the possibilities for collaboration. For collaboration to be possible and successful, however, researchers will have to reflect on the positions represented by others, attempt to understand these positions within the context they occur, recognize that trust and participation is

conditional, and accept that any sharing and production of health information will occur at the boundaries between systems of knowledge.

4) Lemchuck-Favel L., Jock R. Aboriginal Health Systems in Canada: Nine Case Studies. *Journal of Aboriginal Health*, Vol. 1 (1), 2004

Abstract: This paper investigates Aboriginal health systems in Canada, in urban and rural First Nation communities, Inuit communities and Metis Settlements. A summary of the primary strengths and challenges of Aboriginally-controlled health systems is presented. Strengths include holism, synergy of western and traditional health philosophies, focus on primary care, collaboration with provincial services, integrated health service delivery, and administrative reform. Aside from the challenge of health status, Aboriginal health systems must contend with small community size, remoteness, lack of human resources including Aboriginal health professional, a growing and aging population, inadequacy of funding accompanied with non-sustainability of the system, and jurisdictional barriers. Through nine case studies, successful approaches are presented to providing effective, responsive and culturally appropriate community health services. These case studies underscore the diversity in Aboriginal health systems necessary to accommodate vast differences in cultural expectations, health service needs, jurisdictional complexity, and geographic location.

5) Brant Castellano M. Ethics of Aboriginal Research. *Journal of Aboriginal Health*, Vol. 1 (1), 2004

Abstract: This paper proposes a set of principles to assist in developing ethical codes for the conduct of research within the Aboriginal community or with external partners. It places the discussion of research ethics in the context of cultural world view and the struggle for self-determination as peoples and nations. It affirms that Aboriginal Peoples have a right to participate as principals or partners in research that generates knowledge affecting their culture, identity and well-being. To provide context and rationale for the principles presented, the paper outlines features of the current public dialogue on research ethics, how ethics are framed Aboriginal cultures, and how Aboriginal perceptions of reality and right behaviour clash with norms prevailing in western research. Current initiatives of Aboriginal communities and nations, research granting councils and institutions to establish ethical guideline for Aboriginal research are highlighted as evidence that the development of workable ethical regimes is already well begun.

International

1) Kunitz, SJ. Globalization, states, and the health of indigenous peoples. *American Journal of Public Health*. 2000; **90**: 1531-1539. Department of Community and Preventive Medicine, University of Rochester Medical Center, NY 14642, USA. Stephen_Kunitz@urmc.rochester.edu

Abstract: The consequences of globalization are mixed, and for the indigenous peoples of poor countries globalization has potentially important benefits. These are the result not of participation in the global economy but of participation in global networks of other indigenous peoples, environmental activists, and nongovernmental organizations. Since World War II, non-state actors such as these have gained standing in international forums. It is indigenous peoples' growing visibility and ability to mobilize international support against the policies of their own national governments that has contributed in some important instances to their improved chances of survival.

2) Bhutta, ZA. Ethics in international health research: a perspective from the developing world. *Bull World Health Organ* 2002; **80**: 114-120. Professor of Paediatrics, Department of Paediatrics, The Aga Khan University, PO Box 3500, Stadium Road, Karachi, Pakistan zulfiqar.bhutta@aku.edu

Abstract: Health research plays a pivotal role in addressing inequities in health and human development, but to achieve these objectives the research must be based on sound scientific and ethical principles. Although it is accepted that ethics play a central role in health research in developing countries, much of the recent debate has focused on controversies surrounding internationally sponsored research and has taken place largely without adequate participation of the developing countries. The relationship between ethical guidelines and regulations, and indigenously sponsored and public health research has not been adequately explored. For example, while the fundamental principles of ethical health research, such as community participation, informed consent, and shared benefits and burdens, remain sacrosanct other issues, such as standards of care and prior agreements, merit greater public debate within developing countries. In particular, the relationship of existing ethical guidelines to epidemiological and public health research merits further exploration. In order to support health research in developing countries that is both relevant and meaningful, the focus must be on developing health research that promotes equity and on developing local capacity in bioethics. Only through such proactive measures can we address the emerging ethical dilemmas and challenges that globalization and the genomics revolution will bring in their wake.

3) Hyder AA et al. Ethical review of health research: a perspective from developing country researchers. *J Med Ethics* 2004; **30**: 68-72. Bloomberg School of Public Health, Johns Hopkins University, 615 N Wolfe St, E-8132 Baltimore, MD, USA; ahyder@jhsph.edu

Abstract: Increasing collaboration between industrialised and developing countries in human research studies has led to concerns regarding the potential exploitation of resource deprived countries. This study, commissioned by the former National Bioethics Advisory Commission of the United States, surveyed developing country researchers about their concerns and opinions regarding ethical review processes and the performance of developing country and US international review boards (IRBs).

4) Costello A, Zumla A. Moving to research partnerships in developing countries. *BMJ* 2000; **321**: 827-829. Centre for International Child Health, Institute of Child Health, University College, London WC1N 1EH & Centre for Infectious Diseases and International Health, Royal Free and University College Medical School, Windeyer Institute of Medical Sciences, University College, London WC1N 6DB. Correspondence to: A Costello a.costello@ich.ucl.ac.uk

Extract: What should be the principles behind investment in research in developing countries? Does current practice overemphasise the results of research and ignore issues like ownership, sustainability, and development of national research capacity? We believe that the research model supported by many funding agencies remains semi colonial in nature. Foreign domination in setting research priorities and project management may have negative consequences which outweigh the apparent benefits of the research findings. National academic leaders and institutions need to be involved if research is to be translated into practice. The deterioration in academic infrastructure in many developing countries needs to be reversed as part of any research investment. A truly cooperative research partnership, which should be monitored by funding agencies, rests on four broad principles...

5) Priscilla P, VicHealth Koori Health Research and Community Development Unit. Towards reconciliation in Indigenous health research: the responsibilities of the non-Indigenous researcher. *Contemp Nurse* 2002; **14**: 56-65. Centre for the Study of Health and Society, University of Melbourne, Victoria, Australia.

Abstract: This paper discusses the benefits of a collaborative participatory approach to Indigenous health research and the responsibilities of the non-Indigenous researcher. Principles to guide non-Indigenous researchers and to facilitate the empowerment of Indigenous Communities are outlined. These include: accountability to the Indigenous Community; the cultural safety of Indigenous participants; and establishing a meaningful role for Indigenous co-workers. The development of a relationship of mutual trust between the Indigenous Community and the non-Indigenous researcher is considered an ethical imperative. We argue that the Indigenous co-worker is to be regarded as a colleague whose role is of equal importance and value to that of the non-Indigenous co-researcher.

6) World Health Organization, Geneva, Switzerland. Pamphlet - Indigenous Peoples & Participatory Health Research. 2003

Abstract: This document draws largely on experiences with research on indigenous health in developed countries, carried out in discrete communities with independent infrastructure and voice, and clearly defined leadership structures. These experiences are helpful in clarifying how and why research with Indigenous Peoples requires additional considerations. They also signal to Indigenous Peoples in both developed and developing countries that they can play an active role in the research process of which they may not currently be aware. Essentially, the document can only serve as a template of basic principles to be observed in planning, organizing, and carrying out health research. Indigenous Peoples and communities worldwide are structured in different ways, and template will have to be adapted to local needs and conditions in different contexts and settings. Nevertheless, while the size and complexity of both the communities and the research operations may vary, requiring additional management layers, the fundamental principles remain unchanged for both developed and developing countries. This document does not purport to address in depth questions over which national and international consensus is still lacking - for example intellectual property rights in the sphere of traditional knowledge or human genome research - or to advise specific courses of action in those areas. It is not intended to be prescriptive or definitive, but to alert researchers to some of the specificities of research with Indigenous Peoples about what they can legitimately expect and require in the context of a collaborative research project.

7) Sanson-Fisher RW, Campbell EM, Perkins JJ, Blunden SV, Davis BB. Indigenous health research: a critical review of outputs over time. *Medical Journal of Australia*. May 15, 2006, **84**(10): 502-505.

The article discusses the research results of a study to determine the number and nature of publications on Indigenous health in Australia, Canada, New Zealand and the United States in 1987-1988, 1997-1998 and 2001-2003. Data sources were MEDLINE and PsychLit databases. Study findings will be of interest and relevant to the Aboriginal research stakeholders in Canada.